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? s (autoimmun?) (30n) (marker?) (30n) (predict? or correlat? or diagnos?) (30n) (lack?
or limit? or difficult? or unpredict?)

Processing

Processing

376580 AUTOIMMUN?

1454499 MARKER?

2125760 PREDICT?

3275488 CORRELAT?

8131610 DIAGNOS?

1183314 LACK?

2289105 LIMIT?

906953 DIFFICULT?

36678 UNPREDICT?

S1 376 (AUTOIMMUN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR
DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR
UNPREDICT?)

? s s1 and py<1994

Processing

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S2 36 S1 AND PY<1994

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S3 22 RD S2 (unique items)

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2/7/1 (Item 1 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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12047941 BIOSIS NO.: 199497069226

Rearrangements of the T-cell receptor genes in systemic lupus

erythematosus, Hashimoto's thyroiditis and lymphoma

AUTHOR: Lee S M (Reprint); Kim N S; Park J S; Lee S S; Park S B; Kim H Y;
Sohn U (Reprint)

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JOURNAL: Korean Journal of Genetics 15 (2): p145-154 1993 1993
ISSN: 0254-5934
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: During the development of T lymphocytes, the noncontiguous germline V(D)JC segments are rearranged to generate functional receptor polypeptides on the cell surface, and the pattern of T-cell receptor (TCR) gene rearrangement can provide a highly sensitive marker for clonality, cell lineage and ***diagnosis*** of lymphoid neoplasms. We analysed 3 cases of SLE, 5 cases of Hashimoto's thyroiditis and 8 cases of malignant lymphomas for the presence of TCR gene rearrangements. The TCR-beta gene was rearranged in both B and T lymphomas, Although rearrangements of the TCR-beta gene in the lymphomas provide a valuable clinical marker, cell lineage can not be assigned by the rearrangement patterns. The TCR-gamma gene was not rearranged in lymphomas, possibly due to the limited population of the gamma-delta-T cells in the tumor tissues. However, rearrangements of the TCR-gamma gene were detected in all cases of SLE and Hashimoto's thyroiditis, suggesting that rearrangements of the TCR-gamma gene may be implicated in the pathogenesis of certain ***autoimmune*** disease.

2/7/2 (Item 2 from file: 5)
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11772044 BIOSIS NO.: 199395074310

The B cell repertoire in patients with systemic autoimmune diseases:

Analysis of Epstein-Barr virus (EBV)-inducible circulating precursors that produce autoantibodies against nuclear ribonucleoprotein (nRNP)

AUTHOR: Okawa-Takatsuji M (Reprint); Aotsuka S; Uwatoko S; Sumiya M; Yokohari R

AUTHOR ADDRESS: Div. Immunol., Clinical Res. Inst., National Med. Centre, 1-21-1 Toyama, Shinjuku-ku, Tokyo 162, Japan**Japan

JOURNAL: Clinical and Experimental Immunology 90 (3): p415-421 1992

ISSN: 0009-9104

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Peripheral blood B cells from patients with systemic autoimmune disease and healthy volunteers were immortalized using EBV and the frequencies of B cell precursors that produced immunoglobulin class-specific antibodies against anti-nRNP, a specific marker for mixed connective tissue disease, were assessed using limiting dilution analysis. The frequencies of EBV-induced B cell precursors that produced IgG anti-nRNP were correlated closely with the serum titres of the corresponding autoantibodies, which indicates that B cell precursors that produced potentially pathogenic autoantibodies could be immortalized from the peripheral blood of the patients by EBV. In contrast, the frequency of EBV-induced B cell precursors that produced IgM anti-nRNP in patients with systemic autoimmune disease was comparable to that in healthy volunteers and greater than those that produced IgG and IgA anti-nRNP. Moreover, many of the clones that produced IgM antibodies against nRNP reacted with other autoantigens, such as double-stranded DNA, single-stranded DNA and rabbit IgG. These polyreactive IgM antibodies are believed to belong to the 'natural antibodies', to be coded by the germline immunoglobulin V genes, and to react with evolutionarily conserved structural cellular components,

including nRNP. Our finding that nRNP is one of the target antigens for this polyreactive autoantibody may lead to the elucidation of the origin of the pathogenic IgG and IgA anti-nRNP antibodies found in sera from patients with systemic autoimmune diseases.

2/7/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10183461 BIOSIS NO.: 199089101352
INDUCTION OF MAJOR HISTOCOMPATIBILITY COMPLEX ANTIGENS WITHIN THE
MYOCARDIUM OF PATIENTS WITH ACTIVE MYOCARDITIS A NONHISTOLOGIC MARKER OF
MYOCARDITIS
AUTHOR: HERSKOWITZ A (Reprint); AHMED-ANSARI A; NEWMANN D A; BESCHORNER W E
; ROSE N R; SOULE L M; BUREK C L; SELL K W; BAUGHMAN K L
AUTHOR ADDRESS: CARDIOL DIV, JOHNS HOPKINS HOSP, 600 NORTH WOLFE ST,
CARNEIGE 568, BALTIMORE, MD 21205, USA**USA
JOURNAL: Journal of the American College of Cardiology 15 (3): p624-632
1990
ISSN: 0735-1097
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: The histologic diagnosis of active myocarditis is frequently ***difficult*** to establish. A nonhistologic ***marker*** of immune activation would be clinically useful in identifying cases of immune-mediated myocarditis. A viral etiology with subsequent autoimmunity to cardiac antigens have been implicated in human myocarditis. Because ***autoimmunity*** and viral disease are commonly associated with increased expression of major histocompatibility complex (MHC) antigens on targeted tissue, we examined endomyocardial biopsy samples from patients with active myocarditis for abnormal levels of MHC antigen expression. Thirteen patients with active myocarditis and eight control patients with other well-defined cardiac diagnoses (coronary disease, amyloidosis or neoplasm) were studied. A sensitive radioimmunoassay was developed that utilized monoclonal antibodies to human MHC class I and class II antigens in order to quantitate the expression of both of these antigens within each biopsy. Abnormal MHC class I and class II antigen expression was present in 11 of 13 myocarditis specimens and 1 of 8 control samples (specificity 88%, sensitivity 84.6%). Active myocarditis samples had approximately a 10-fold increase in MHC class I and class II expression. Immunoperoxidase staining localized abnormal MHC expression primarily within microvascular endothelium and along myocyte surfaces (11 of 13). This study is the first to demonstrate a marked increase in major histocompatibility complex antigen expression within the myocardium of patients with active myocarditis. The identification of abnormal histocompatibility antigen expression within an endomyocardial biopsy may prove a useful adjunct to the histologic diagnosis of myocarditis.

2/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10108227 BIOSIS NO.: 199089026118
REGULATION OF THE AUTOIMMUNE RESPONSE AGAINST ANTIGENS OF RAT MALE
ACCESSORY GLAND ANTIGENS
AUTHOR: RIERA C M (Reprint); FERRO M E; ROMERO-PIFFIGUER M; YRANZO-VOLONTE

N
AUTHOR ADDRESS: DEP DE BIOQUIM CLIN, FAC DE CIENCIAS QUIMICAS, CC 61, 5016
CORDOBA, ARGENTINA**ARGENTINA
JOURNAL: Medicina (Buenos Aires) 49 (3): p247-252 1989
ISSN: 0025-7680
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: SPANISH

ABSTRACT: Rats immunized with chemically modified rat male accessory glands (MRAG) elicit organ and species specific autoimmune response. We have developed suppression of autoimmunity to MRAG injecting rats, previous to immunization with MRAG-CFA, with low doses of the same antigen. The unresponsiveness was mediated, by inducer phase, cyclophosphamide (Cy)-sensitive, antigen specific, T suppressor lymphocytes and effector phase, Cy and irradiation sensitive T lymphocytes. Moreover, we demonstrated that macrophages could play a role in the induction of these MRAG-specific suppressor T lymphocytes. On the other hand, we studied the influence of an infection with Toxoplasma gondii on rats immunized with MRAG-CFA. The cellular and humoral immune responses to MRAG were selectively potentiated in animals infected in thymus proximity, whereas the infection did not modify the response to an heteroantigen, human serum albumin (HSA). The i.p. infection did not alter the cellular response. The potentiation of cellular ***autoimmune*** response was correlated with thymic involution and proliferation of lymphocytes and plasma cells. A decrease of Ox-8, Ox-18 and Ox-17 surface markers in thymic cellular population and an increase of immature thymocytes (PNA+) were observed in these animals in correlation with the blockage of the effector phase of suppressor cell circuit. In another study we found that the male kits born to mothers immunized with 5 mg of MRAG-CFA showed significantly reduced DTH response to MRAG. When the mothers were immunized with 25 mg of MRAG-CFA the lack of DTH response was observed in male and female kits. In all cases, the DTH response to HSA was positive. This lack of response was due to specific suppressor effector cells. By experiments of cross-fostering we found that normal kits fostered by immunized mothers and the offspring of the experimental groups fostered by normal mothers did not respond to MRAG. This suggests that the maternal influence is mediated by immunoregulatory factors exerted through the transplacental barrier and/or suckling.

2/7/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10097002 BIOSIS NO.: 199089014893
TYROSINE PHOSPHORYLATION OF A C-SRC-LIKE PROTEIN IS INCREASED IN MEMBRANES OF CD4-NEGATIVE CD8-NEGATIVE T LYMPHOCYTES FROM LPR-LPR MICE
AUTHOR: KATAGIRI T (Reprint); TING J P-Y; DY R; PROKOP C; COHEN P; EARP H S
AUTHOR ADDRESS: CELL BIOL AND IMMUNOL PROGRAM, LINEBERGER CANCER RES CENT, CHAPEL HILL, NORTH CAROLINA 27599, USA**USA
JOURNAL: Molecular and Cellular Biology 9 (11): p4914-4922 1989
ISSN: 0270-7306
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Mice homozygous for the autosomal recessive lpr gene have a disorder that results in autoimmunity and massive accumulation of T lymphocytes ***lacking*** CD4 and CD8 surface ***markers***. These abnormal T cells exhibit constitutive tyrosine phosphorylation of a

component of the CD3-T-cell receptor complex. We compared membrane tyrosine phosphorylation in lpr/lpr CD4-CD8-T cells and control T cells. lpr membranes exhibited a 7.3-fold increase (n = 16) in tyrosine phosphorylation of a 60-kilodalton protein. The increase was correlated with the Lpr but not the CD4-CD8- phenotype in that p60 phosphorylation was not increased in membranes from normal CD4- CD8- thymocytes. To identify the p60 in lpr cells, we examined the activity of several T-cell tyrosine-specific protein kinases. p56lck phosphorylation was only slightly increased in lpr membranes (2.2-fold; n = 16). Phorbol ester treatment of intact T cells before membrane isolation caused p56lck to migrate as pp60lck; however, pp60lck could be clearly distinguished from the pp60 in lpr cells by two-dimensional gel electrophoresis. The pp60 from lpr cells exhibited several isoforms at pH .apprx. 6.3 to 6.5. Although on two-dimensional gels pp60c-src had a pI (6.4 to 6.8) within a similar region, p60c-src mRNA, protein, and kinase activities were not increased in lpr cells. In addition, staphylococcal V8 proteolytic cleavage of the lpr pp60 isolated on two-dimensional gels yielded two major fragments, a pattern distinct from that of pp60c-src. However, by using an antiserum against the C-terminal sequence of c-Src and other related kinases, including p59fyn, the pp60 could be immunoprecipitated in greater amounts from lpr than from control T cells. When pp59fyn was selectively immunoprecipitated from T-cell membranes with specific antisera, its molecular weight, proteolytic cleavage pattern, and behavior on two-dimensional gels were identical to those of the pp60 from lpr cells. We conclude that p59fyn phosphorylation is increased in membranes from lpr/lpr CD4-CD8- T cells and that the increase is correlated with constitutive tyrosine phosphorylation and perhaps with the expansion of this unusual T-cell population.

2/7/6 (Item 6 from file: 5)
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09597103 BIOSIS NO.: 198987044994
IMMUNOGLOBULIN-BOUND LIPOPROTEINS IG-LP AS MARKERS OF FAMILIAL
HYPERCHOLESTEROLEMIA XANTHOMATOSIS AND ATHEROSCLEROSIS
AUTHOR: BEAUMONT J L (Reprint); DOUCET F; VIVIER P; ANTONUCCI M
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**FRANCE
JOURNAL: Atherosclerosis 74 (3): p191-202 1988
ISSN: 0021-9150
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: In autoimmune hyper- or dislipidemia secondary to a monoclonal antilipoprotein gammopathy, immunoglobulin-lipoprotein (Ig-Lp) complexes are found in the circulating blood. In order to determine their possible significance in common types of hyperlipidemia we compared the Ig-Lp content of sera from 98 healthy blood donors and 155 outpatients from a Lipid Clinic, including 91 cases of hypercholesterolemia (55 familial and 36 non-familial), 15 cases of hypertriglyceridemia, 20 cases of mixed hyperlipidemia and 29 miscellaneous cases. Detection of the Ig-Lp was performed by an ELISA technique with polyclonal affinity purified anti-LDL + HDL as capture antibodies and peroxidase-labeled anti-Ig antibodies specific for IgA, IgG, IgM heavy chains as indicators. Two cases of monoclonal gammopathy (one IgA K and one IgG L) with dislipidemia served as positive controls for the test. IgG, IgA and IgM Lp were found in the sera of the blood donors, in very small quantities when compared with the monoclonal gammopathy cases. All three types of

Ig-Lp were also found in the different hyperlipidemic populations studied. When blood donors were compared to hyperlipidemic patients, no difference was observed for IgG Lp. A significant increase in IgM Lp was found in patients with familial hypercholesterolemia ($P < 0.01$). An increase in IgA Lp was also found in hypercholesterolemia, familial or not ($P < 0.01$), and in patients with corneal arcus ($P < 0.0001$), ischaemic disease ($P < 0.01$), tendon xanthomas ($P < 0.05$) or xanthelasma ($P < 0.05$). Furthermore in a group of 18 paired parents from 9 different families, positive interparent correlations were found for IgM Lp ($r = 0.78$; $P = 0.013$) and Ig Lp ($r = 0.69$; $P = 0.038$). Therefore IgM Lp may be markers for subpopulations of familial hypercholesterolemia, and IgA Lp markers for the risk of atherosclerotic ischemic disease and deposition of lipids in the cornea. It may be (1) that natural clones of autoanti-lipoprotein antibodies are responsible for the minute quantities of Ig-Lp found in normal people; (2) that the marked development of one of these clones is the cause of autoimmune hyper- or dyslipidemia and xanthomatosis associated with monoclonal gammopathy; (3) that the limited development of a clone produces the Ig-Lp particles found in hypercholesterolemic patients; (4) that there are types of Ig-Lp particles (IgA Lp) that may be harmful for tissues independently of hypercholesterolemia.

2/7/7 (Item 7 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
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07301612 BIOSIS NO.: 198478037019
 KAPOSI SARCOMA AND AUTO IMMUNE THROMBOCYTOPENIA
 AUTHOR: MODLIN R L (Reprint); KEMPF R A; MITCHELL M S; TAYLOR C R; DAVIS C R; REA T H
 AUTHOR ADDRESS: DIV MED ONCOL, USC CANCER CENT, 2025 ZONAL AVE, GH 10-420, LOS ANGELES, CALIF 90033, USA**USA
 JOURNAL: Cancer Investigation 2 (2): p97-102 1984
 ISSN: 0735-7907
 DOCUMENT TYPE: Article
 RECORD TYPE: Abstract
 LANGUAGE: ENGLISH

ABSTRACT: A case with the combination of Kaposi's sarcoma and ***autoimmune*** thrombocytopenia is reported. The patient presented with Kaposi's sarcoma limited to the integument and autoimmune thrombocytopenia ***diagnosed*** by elevated platelet bound IgG. Characteristics of immunosuppression included lymphocytopenia and a reversed blood helper: suppressor T lymphocyte ratio. Immunohistochemical evaluation of skin biopsy specimens revealed tumor cells to contain Factor VIII-related antigen (a vascular endothelial cell ***marker***). In addition, some tumor cells stained positively with a monoclonal antibody directed against a cytomegalovirus antigen.

2/7/8 (Item 1 from file: 73)
 DIALOG(R)File 73:EMBASE
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0075222268 EMBASE/Medline No: 1993001810
 The B cell repertoire in patients with systemic autoimmune diseases: Analysis of Epstein-Barr virus (EBV)-inducible circulating precursors that produce autoantibodies against nuclear ribonucleoprotein (nRNP)
 Okawa-Takatsuji M.; Aotsuka S.; Uwatoko S.; Sumiya M.; Yokohari R.
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Clinical and Experimental Immunology (CLIN. EXP. IMMUNOL.) (United
Kingdom) December 1, 1992, 90/3 (415-421)
CODEN: CEXIA ISSN: 0009-9104
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

Peripheral blood B cells from patients with systemic autoimmune disease and healthy volunteers were immortalized using EBV and the frequencies of B cell precursors that produced immunoglobulin class-specific antibodies against anti-nRNP, a specific marker for mixed connective tissue disease, were assessed using limiting dilution analysis. The frequencies of EBV-induced B cell precursors that produced IgG anti-nRNP were correlated closely with the serum titres of the corresponding autoantibodies, which indicates that B cell precursors that produced potentially pathogenic autoantibodies could be immortalized from the peripheral blood of the patients by EBV. In contrast, the frequency of EBV-induced B cell precursors that produced IgM anti-nRNP in patients with systemic autoimmune disease was comparable to that in healthy volunteers and greater than those that produced IgG and IgA anti-nRNP. Moreover, many of the clones that produced IgM antibodies against nRNP reacted with other autoantigens, such as double-stranded DNA, single-stranded DNA and rabbit IgG. These polyreactive IgM antibodies are believed to belong to the 'natural antibodies', to be coded by the germline immunoglobulin V genes, and to react with evolutionarily conserved structural cellular components, including nRNP. Our finding that nRNP is one of the target antigens for this polyreactive autoantibody may lead to the elucidation of the origin of the pathogenic IgG and IgA anti-nRNP antibodies found in sera from patients with systemic autoimmune diseases.

2/7/9 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0074167837 EMBASE/Medline No: 1990061836

Induction of major histocompatibility complex antigens within the myocardium of patients with active myocarditis: A nonhistologic marker of myocarditis

Herskowitz A.; Ahmed-Ansari A.; Neumann D.A.; Beschorner W.E.; Rose N.R.; Soule L.M.; Burek C.L.; Sell K.W.; Baughman K.L.

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Journal of the American College of Cardiology (J. AM. COLL. CARDIOL.) (United States) March 23, 1990, 15/3 (624-632)

CODEN: JACCD ISSN: 0735-1097

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

The histologic diagnosis of active myocarditis is frequently
difficult to establish. A nonhistologic ***marker*** of immune
activation would be clinically useful in identifying cases of
immune-mediated myocarditis. A viral etiology with subsequent
autoimmunity to cardiac antigens has been implicated in human

myocarditis. Because ***autoimmunity*** and viral disease are commonly associated with increased expression of major histocompatibility complex (MHC) antigens on targeted tissue, we examined endomyocardial biopsy samples from patients with active myocarditis for abnormal levels of MHC antigen expression. Thirteen patients with active myocarditis and eight control patients with other well-defined cardiac diagnoses (coronary disease, amyloidosis or neoplasm) were studied. A sensitive radioimmunoassay was developed that utilized monoclonal antibodies to human MHC class I and class II antigens in order to quantitate the expression of both of these antigens within each biopsy. Abnormal MHC class I and class II antigen expression was present in 11 of 13 myocarditis specimens and 1 of 8 control samples (specificity 88%, sensitivity 84.6%). Active myocarditis samples had approximately a 10-fold increase in MHC class I and class II expression. Immunoperoxidase staining localized abnormal MHC expression primarily within microvascular endothelium and along myocyte surfaces (11 of 13). This study is the first to demonstrate a marked increase in major histocompatibility complex antigen expression within the myocardium of patients with active myocarditis. The identification of abnormal histocompatibility antigen expression within an endomyocardial biopsy may prove a useful adjunct to the histologic diagnosis of myocarditis.

2/7/10 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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0074124023 EMBASE/Medline No: 1990018022
Macroenzymes: Biochemical characterization, clinical significance, and laboratory detection
Remaley A.T.; Wilding P.
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Clinical Chemistry (CLIN. CHEM.) (United States) December 1, 1989, 35/12 (2261-2270)
CODEN: CLCHA ISSN: 0009-9147
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

Much has been learned about macroenzymes since the first report of macroamylase 25 years ago. It is now known that conversion of serum enzymes to higher-molecular-mass forms is a general phenomenon that can involve most of the serum enzymes that are routinely measured in clinical laboratories. In addition, the biochemical characterization of the interaction between immunoglobulins and enzymes has been carefully explored, as well as the association of the hepatobiliary macroenzymes with lipoproteins and plasma membrane fragments. There is, however, a general level of ignorance about macroenzymes, perhaps because of the lack of a clear role of macroenzymes in the pathogenesis of disease. A greater understanding of autoimmunity in general and anti-enzyme antibody formation in particular will, we hope, resolve the role of macroenzymes in disease. The investigation of macroenzymes as ***diagnostic*** markers is currently an active area of research, which may in the future result in the development of new markers for disease and may bring the subject of macroenzymes to the forefront of clinical laboratory testing. At this time, macroenzymes are important, at the very least because of their potential to interfere with interpretation of serum enzyme

results. We encourage clinicians to consider macroenzymes in the differential diagnosis of elevated serum enzyme activity, and for clinical laboratory scientists to provide effective means for detecting macroenzymes.

2/7/11 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
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0074095093 EMBASE/Medline No: 1989275596
Immunological aspects of diabetes mellitus: prospects for pharmacological modification

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Pharmacology and Therapeutics (PHARMACOL. THER.) (United Kingdom)

December 9, 1989, 44/3 (351-406)

CODEN: PHTHD ISSN: 0163-7258

DOI: 10.1016/0163-7258(89)90008-9

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

It is now well known that insulin-dependent diabetes is a chronic progressive autoimmune disease. The prolonged prediabetic phase of progressive beta-cell dysfunction is associated with immunological abnormalities. A prediabetic period is suggested by the appearance of islet cell antibodies, anti-insulin antibodies, and anti-insulin receptor antibodies. The existence of activated T lymphocytes and abnormal T cell subsets are also other markers. There is still no consensus about the use of the immunosuppression superimposed upon conventional insulin therapy in early diagnosed IDDM and the follow-up of the relatives of IDDM patients who share the genetic predisposition and serological markers for the risk of future onset of IDDM. Treatment in the prodromal period cannot be justified because a link between the disease and early markers such as ICA has not been established with certainty (Diabetes Research Program NIH, 1983). Many immunopharmacological manipulations were reported to be effective in animal models. However, most of them are not readily applied to human subjects. Moreover, IDDM patients are now believed to be heterogeneous, with a complex genetic background. HLA-DR, and more recently DQ, are closely related to the genetic predisposition to IDDM but those genes are not themselves diabetogenic. The contribution of autoimmunity does not appear to be uniform, and in some cases, the contribution of virus is considered more important. There is a ***lack*** of a ***marker*** for the future onset of IDDM. ICA and ICSCA were found after mumps infection, but the existence of those autoantibodies and even the co-existence of HLA-DR3 do not always indicate the future trend to insulin dependency. More precise ***markers*** will be disclosed through the biochemical analysis of the target antigens on pancreatic beta-cell for islet antibodies and effector T cells. Much safer and more effective immunopharmacological treatment will be developed through animal experimentation using rat and mouse models. The recent development and interest in this field will further facilitate the attainment of the goal for the complete prevention of IDDM.

2/7/12 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE

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0074094348 EMBASE/Medline No: 1989274851

Theoretical and practical implications for plasmapheresis in autoimmune inner ear disease

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Laryngoscope (LARYNGOSCOPE) (United States) December 7, 1989, 99/11 (1137-1146)

CODEN: LARYA ISSN: 0023-852X

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

Immune-mediated inner ear disease, by convention called autoimmune inner ear disease (AIED), has established clinical profile guidelines for ***diagnosis***. Treatment consists of steroid and/or cytotoxic drug immunosuppression. The role of plasmapheresis (PMP) in the treatment of AIED has not been defined. ***Lack*** of a precise serological ***marker*** prevents accurate immunological understanding. Definition is, of course, ***difficult*** in a disease whose natural history is not well delineated. Successful use of PMP in one steroid and cytotoxic drug intolerant patient with AIED led to its use in a total of eight patients. The rationale for PMP was based on its known effectiveness in other autoimmune diseases and thus, its potential use in AIED. Improved auditory function occurred in 6 of the 8 patients, 3 of whom have been followed for over 3 years. Three of the six no longer require immunosuppressant medication. PMP can be used as an alternative or adjunctive therapy in AIED. These preliminary results suggest PMP can stabilize or improve auditory and vestibular symptoms in selected patients. Its use as a first line therapy followed by cytotoxic immunosuppressants bears consideration.

2/7/13 (Item 6 from file: 73)

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0073820697 EMBASE/Medline No: 1989001108

Immunoglobulin-bound lipoproteins (Ig-Lp) as markers of familial hypercholesterolemia, xanthomatosis and atherosclerosis

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Atherosclerosis (ATHEROSCLEROSIS) (Ireland) December 1, 1988, 74/3 (191-201)

CODEN: ATHSB ISSN: 0021-9150

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

In autoimmune hyper- or dislipidemia secondary to a monoclonal antilipoprotein gammopathy, immunoglobulin-lipoprotein (Ig-Lp) complexes are found in the circulating blood. In order to determine their possible significance in common types of hyperlipidemia we compared the Ig-Lp content of sera from 98 healthy blood donors and 155 outpatients from a Lipid Clinic, including 91 cases of hypercholesterolemia (55 familial and 36 non-familial), 15 cases of hypertriglyceridemia, 20 cases of mixed

hyperlipidemia and 29 miscellaneous cases. Detection of the Ig-Lp was performed by an ELISA technique with polyclonal affinity purified anti-LDL + HDL as capture antibodies and peroxidase-labeled anti-Ig antibodies specific for IgA, IgG, IgM heavy chains as indicators. Two cases of monoclonal gammopathy (one IgA K and one IgG L) with dyslipidemia served as positive controls for the test. IgG, IgA and IgM Lp were found in the sera of the blood donors, in very small quantities when compared with the monoclonal gammopathy cases. All three types of Ig-Lp were also found in the different hyperlipidemic populations studied. When blood donors were compared to hyperlipidemic patients, no difference was observed for IgG Lp. A significant increase in IgM Lp was found in patients with familial hypercholesterolemia ($P < 0.01$). An increase in IgA Lp was also found in hypercholesterolemia, familial or not ($P < 0.01$), and in patients with corneal arcus ($P < 0.0001$), ischaemic disease ($P < 0.01$), tendon xanthomas ($P < 0.059$ or xanthelasma ($P < 0.05$). Furthermore, in a group of 18 paired parents from 9 different families, positive interparent correlations were found for IgM Lp ($r = 0.78$; $P = 0.013$) and IgG Lp ($r = 0.69$; $P = 0.038$). Therefore IgM Lp may be ***markers*** for subpopulations of familial hypercholesterolemia, and IgA Lp markers for the risk of atherosclerotic ischemic disease and deposition of lipids in the cornea. It may be (1) that natural clones of auto-anti-lipoprotein antibodies are responsible for the minute quantities of Ig-Lp found in normal people; (2) that the marked development of one of these clones is the cause of autoimmune hyper- or dyslipidemia and xanthomatosis associated with monoclonal gammopathy; (3) that the limited development of a clone produces the Ig-Lp particles found in hypercholesterolemic patients; (4) that there are types of Ig-Lp particles (IgA Lp) that may be harmful for tissues independently of hypercholesterolemia.

2/7/14 (Item 7 from file: 73)
 DIALOG(R)File 73:EMBASE
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0073677900 EMBASE/Medline No: 1988138793
 Autoantibodies
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Rheumatic Disease Clinics of North America (RHEUM. DIS. CLIN. NORTH AM.
) (United States) June 29, 1988, 14/1 (43-56)
 CODEN: RDCAE ISSN: 0889-857X
 DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
 LANGUAGE: English SUMMARY LANGUAGE: English

The diagnosis of systemic lupus erythematosus (SLE) is associated with an enlarging assortment of autoantibodies. The presence or absence of particular autoantibodies influences the confidence with which this ***diagnosis*** is made. Autoantibodies, rather than cells, have become a central feature of the current knowledge of lupus, partly because they can be studied and easily stored as serum, while cells and cellular interactions are more complex, not static, and difficult to preserve for later evaluation. Furthermore, it is the presence of autoantibodies and the deposition of immunoglobulin that has led to the general conclusion that lupus is an ***autoimmune*** disease. The connection between autoantibodies and the clinical manifestations of SLE is, in many cases, confusing. The circumstantial evidence that antibodies are responsible for clinical disease is powerful and yet there is meager direct evidence

implicating autoantibodies in immunopathogenesis of the clinical disease. Consequently, the position that autoantibodies may be inconsequential and are useful only by being markers of the disease, or of its various clinical manifestations, is no longer widely held. The detection, clinical relevance, and characterization of the most extensively studied autoantibodies in lupus are presented in this article, as well as some of the theoretical ideas of how autoantibodies participate in the pathogenesis of lupus.

2/7/15 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE
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0072558724 EMBASE/Medline No: 1984239036
Chronic hepatitis and cirrhosis
Sherlock S.
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Hepatology (HEPATOLOGY) (United States) December 6, 1984, 4/1 SUPPL.
(25S-28S)
CODEN: HPTLD ISSN: 0270-9139
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

Chronic hepatitis is defined as diffuse chronic liver disease existing for at least 6 months. Cirrhosis is a sequel. It is of multiple etiology. Liver biopsy is essential for ***diagnosis*** and prognosis. Hepatitis B-related chronic hepatitis is slowly progressive. Corticosteroid therapy is disappointing. Current antiviral therapy converts the hepatitis B e antigen-positive patient to anti-HBe in about 50%. Non-A, non-B virus hepatitis-related chronic hepatitis suffers from lack of a
diagnostic ***marker***. No current therapy is of proven benefit. Autoimmune lupoid chronic active hepatitis presents a very active biochemical and immunological picture. Prednisolone therapy prolongs life but does not prevent the development of cirrhosis. Drug-related liver disease is recognized by its associations. Recovery follows withdrawal of the drug. Deaths often follow continuation of the drug. Indications of progression to a terminal state with likelihood of less than a 6-month survival are detailed. These are helpful in deciding on hepatic transplantation before the patient becomes moribund.

2/7/16 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
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0072292487 EMBASE/Medline No: 1983235105
Dynamic of transcobalamin II in a plasma turnover study in patients with
lupus erythematoses
TRANSCOBALAMIN-II-DYNAMIK IN EINER PLASMATURNOVER-STUDIE BEI PATIENTEN
MIT LUPUS ERYTHEMATODES. VORLAUFIGE MITTEILUNG
Frater Schroder M.; Lasser U.; Kierat L.
University Kinderklin., CH-8032 Zurich, Switzerland:
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Schweizerische Medizinische Wochenschrift (SCHWEIZ. MED. WOCHENSCHR.) (Switzerland) November 18, 1983, 113/40 (1476-1477)

CODEN: SMWOA ISSN: 0036-7672
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: German SUMMARY LANGUAGE: English

Increased serum levels of the essential vitamin B SUB 12 binding protein, transcobalamin II (TC2) were previously observed in autoimmune disease. The periods of raised serum level ***correlated*** with clinical disease activity in patients with SLE and dermatomyositis. The correlation of serum levels with disease activity in a large group of 44 Swiss SLE patients was shown to be most reliable for TC2, when compared to certain established serological markers such as complement factors C3 and C4, antinuclear antibody titer or antinative DNA antibodies. Several questions were raised: Why is the TC2 level elevated in active SLE? Is the accumulation in serum due to lack of TC2 uptake by the cell or is it due to stimulation of synthesis? Answers were sought by applying a plasma turnover test for TC2 to the SLE patients. After 400 ng/kg cyanocobalamin (i.m.) the TC2 level decreased, due to preferential uptake of holo TC2 by the cells. Total TC2 levels were determined by radioimmunoassay. Normalisation of the plasma level and corresponding reappearance of apo TC2 was interpreted as newly synthesized TC2. Twelve SLE patients and six healthy controls were investigated. One SLE patient was treated with a higher cobalamin dose (200 mug) to ensure complete saturation of TC2. The TC2 level decrease after cobalamin injection was comparable in controls and patients, independently of the state of disease. Normalisation of plasma levels was significantly faster, elevation above starting levels was observed, in 3 of 5 SLE patients exhibiting active disease. In the remaining 9 patients normalisation of the plasma level was comparable to the control group. Our conclusions are that TC2 uptake, in other words TC2 consumption by the cell, is unchanged in SLE, and that an increased rate of TC2 synthesis may be the cause of elevated plasma levels in active SLE.

2/7/17 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
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0067015422 EMBASE/Medline No: 1285474
Experimental and clinical islets transplantation. Current status
Experimentelle und klinische Inseltransplantation. Gegenwartiger Stand.
Federlin K.F.; Bretzel R.G.; Hering B.J.
III. Medizinische Klinik und Poliklinik, Justus-Liebig-Universität
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Poliklinik, Justus-Liebig-Universität Giessen.

Zentralblatt für Chirurgie (Zentralbl Chir) (Germany) December 1, 1992
, 117/12 (670-676)
ISSN: 0044-409X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: German
NUMBER OF REFERENCES: 18

25 years have passed since the first enzymatic isolation of islets of Langerhans from the rat pancreas. During this period of time, it could be demonstrated that transplantation of syngeneic islets intraportally into streptozotocin-treated diabetic recipients (rat, mouse) does not only guarantee long term normoglycemia but inhibits also typical late complications of the disease. Allogeneic islets, however, exhibit strong immunogenicity (rejection within a few days) which can be overcome by various immunomodulating in vitro measures of the islets before

transplantation. Isolated islets have been successfully transplanted also in larger animals as dogs and pigs, when transplanted in an autologous or allogeneic system. In human diabetes the success rate of islet transplantation up to now is low and cannot be compared with the results in experimental diabetes. The reasons are manifold: islet damage due to long ischemia time, low number of islets, low purity, lack of diagnostic markers which indicate rejection, autoimmune destruction. The fact that in the meantime a few patients remain insulin independent after a single islet transplant with the maximum of 2 years indicates however that this method in principle may serve as a tool for the treatment of diabetes. This is underlined by several advantages compared to pancreatic organ transplantation as low risk of the procedure for the recipient and the possibility of repeated transplantation. In addition, in the future xenotransplantation of (porcine) islets might be feasible.

2/7/18 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE
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0066984078 EMBASE/Medline No: 1525846
Management of early inflammatory arthritis. Intervention with immunomodulatory agents: monoclonal antibody therapy.
Burmester G.R.; Horneff G.; Emmrich F.
CORRESP. AUTHOR/AFFIL: Burmester G.R.

Bailliere's clinical rheumatology (Baillieres Clin Rheumatol) (United Kingdom) June 1, 1992, 6/2 (415-434)
ISSN: 0950-3579
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 68

Over the last three years there has been a dramatic rise in the number of trials using monoclonal antibodies in the treatment of rheumatoid arthritis. So far, the numbers of patients treated in the individual studies have been small, and the study designs not comparable. All these trials have been conducted in a non-blinded, uncontrolled fashion. The patient populations tended to represent the severe end of the disease spectrum, being usually individuals for whom all other conventional and sometimes even unconventional experimental therapeutic approaches have failed. Clearly, therefore, larger controlled double blind studies in patients with less advanced stages of rheumatoid arthritis are needed. In the trials thus far, long-standing diseases afflicting the joints, usually with severe destruction, have frequently made clinical evaluation very

difficult . Moreover, apparently with the exception of one or two reagents (16H5 and possibly B-F5) routine laboratory parameters which are helpful in determining disease activity such as CRP or the rheumatoid factor usually remain unaltered with anti-T cell therapy. In addition, in some individuals there was no clinical improvement despite sometimes severe CD4 cell depletion. The notion that the mere depletion of CD4+ cells is not sufficient to permanently suppress disease activity in autoimmune disease is further supported by studies carried out by Conolly and Wofsy in 1990. In a mouse lupus model, these investigators demonstrated that a small subpopulation of CD4+ T cells may be refractory to depletion by anti-CD4 and may be able to promote the full expression of the disease. Similar mechanisms could apply to certain individuals with human autoimmune disorders. Many additional questions remain open. The most important of these is which ***markers*** identify clinical responders to therapy. Attempts to correlate clinical response to the level of T cell

depletion, modulation of the target antigens or in vitro functional assays so far have not yielded significant results. Other questions relate to the frequency of antibody administration and the amounts needed to permanently suppress disease activity. The initial hope based on animal experiments of inducing a permanent tolerance to certain antigens by anti-CD4 treatment has been clearly shown not to apply to rheumatoid arthritis. Even though there are individual variations, the efficacy of anti-T cell treatment tends to wear off after 3 or even 1 month, necessitating retreatment. Protocols will have to be designed for either longer treatment periods, repeated courses or more frequent single administrations. (ABSTRACT TRUNCATED AT 400 WORDS)

2/7/19 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0066934062 EMBASE/Medline No: 1813024
Network theory of glycosylation--etiologic and pathogenic implications of changes in IgG glycoform levels in autoimmunity.
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Department of Biochemistry, University of Oxford, UK.
CORRESP. AUTHOR/AFFIL: Rademacher T.W.: Department of Biochemistry, University of Oxford, UK.

Seminars in cell biology (Semin. Cell Biol.) (United States) October 1, 1991, 2/5 (327-337)
ISSN: 1043-4682
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 74

It is now well established that glycoproteins are populations of individual glycoforms. While it has been inferred from in vitro experiments that the differential glycosylation of glycoproteins diversifies their function, evidence is ***lacking*** for such a role in vivo. Alterations in IgG glycosylation in both normal and disease states in vivo, however, provide strong evidence that glycosylation is not static and may be a highly regulated event. The large amount of data ***correlating*** disease activity and severity in autoimmune diseases which have a strong B cell component with changes in the incidence of IgG glycoforms, now suggest that glycoform population shifts may not be just a marker of disease activity, but may also contribute directly to disease persistence and pathogenesis.

2/7/20 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE
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0066715899 EMBASE/Medline No: 2487418
Regulation of the autoimmune response against antigens of male accessory glands of rats
Estudio de la regulacion de la respuesta autoinmune contra antigenos de glandulas sexuales accesorias masculinas de rata.
Riera C.M.; Ferro M.E.; Romero-Piffiguer M.; Yranzo-Volonte N.
CORRESP. AUTHOR/AFFIL: Riera C.M.

Medicina (Medicina (B Aires)) (Argentina) December 1, 1989, 49/3 (247-252)

ISSN: 0025-7680

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: Spanish

Rats immunized with chemically modified rat male accessory glands (MRAG) elicit organ and species specific autoimmune response. We have developed suppression of autoimmunity to MRAG injecting syngeneic rats, previous to immunization with MRAG-CFA, with low doses of the same antigen. The unresponsiveness was mediated, by inducer phase, cyclophosphamide (Cy)-sensitive, antigen specific, T suppressor lymphocytes and effector phase, Cy and irradiation sensitive T lymphocytes. Moreover, we demonstrated that macrophages could play a role in the induction of these MRAG-specific suppressor T lymphocytes. On the other hand, we studied the influence of an infection with *Toxoplasma gondii* on rats immunized with MRAG-CFA. The cellular and humoral immune responses to MRAG were selectively potentiated in animals infected in thymus proximity, whereas the infection did not modify the response to an heteroantigen, human serum albumin (HSA). The i.p. infection did not alter the cellular response. The potentiation of cellular autoimmune response was correlated with thymic involution and proliferation of lymphocytes and plasma cells. A decrease of Ox-8, Ox-18 and Ox-17 surface markers in thymic cellular population and an increase of immature thymocytes (PNA+) were observed in these animals in correlation with the blockage of the effector phase of suppressor cell circuit. In another study we found that the male kits born to mothers immunized with 5 mg of MRAG-CFA showed significantly reduced DTH response to MRAG. When the mothers were immunized with 25 mg of MRAG-CFA the lack of DTH response was observed in male and female kits. In all cases, the DTH response to HSA was positive. (ABSTRACT TRUNCATED AT 250 WORDS)

2/7/21 (Item 14 from file: 73)

DIALOG(R)File 73:EMBASE

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0065762016 EMBASE/Medline No: 6385956

Virus infection islet cell antibodies and islet cell function in type I diabetes mellitus.

Helmke K.; Brockhaus R.; Seitz M.; Otten H.; Willems W.R.; Laube H.; Federlin K.

CORRESP. AUTHOR/AFFIL: Helmke K.

Behring Institute Mitteilungen (Behring Inst. Mitt.) (Germany) July 1, 1984, -/75 (73-82)

ISSN: 0301-0457

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

The detection of islet cell antibodies has led to an increasing interest in autoimmune mechanisms in Type I diabetes mellitus. Other phenomena, such as insulinitis in juvenile diabetics and in experimental animals, cellular immune reactions and concomitant antibodies against other endocrine organs, antinuclear antibodies and circulating immune complexes have supported such speculations. HLA-association and viral-infections could be predisposing and inducing factors. However, with one exception, the occurrence of ICA in a group of mumps infected children did not result in the development of diabetes mellitus over 3-4 years, nor could it be

correlated with HLA-pattern. The islet cell antibodies block glucose stimulated insulin secretion in vitro without complement, while Type I

diabetic sera with complement are beta cell cytotoxic irrespective of their ICA concentration. It is still not clear whether these mechanisms play any role in vivo. Therapeutic intervention before the clinical manifestation of the disease is as yet not possible due to the lack of markers indicating a subclinical ***autoimmune*** process.

2/7/22 (Item 1 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

10585226 PMID: 1285474
[Experimental and clinical islets transplantation. Current status]
Experimentelle und klinische Inseltransplantation. Gegenwartiger Stand.
Federlin K F; Bretzel R G; Hering B J
III. Medizinische Klinik und Poliklinik, Justus-Liebig-Universitat
Giessen.
Zentralblatt fur Chirurgie (GERMANY) 1992, 117 (12) p670-6,
ISSN 0044-409X--Print 0044-409X--Linking Journal Code: 0413645
Publishing Model Print
Document type: English Abstract; Journal Article; Review
Languages: GERMAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed

25 years have passed since the first enzymatic isolation of islets of Langerhans from the rat pancreas. During this period of time, it could be demonstrated that transplantation of syngeneic islets intraportally into streptozotocin-treated diabetic recipients (rat, mouse) does not only guarantee long term normoglycemia but inhibits also typical late complications of the disease. Allogeneic islets, however, exhibit strong immunogenicity (rejection within a few days) which can be overcome by various immunomodulating in vitro measures of the islets before transplantation. Isolated islets have been successfully transplanted also in larger animals as dogs and pigs, when transplanted in an autologous or allogeneic system. In human diabetes the success rate of islet transplantation up to now is low and cannot be compared with the results in experimental diabetes. The reasons are manifold: islet damage due to long ischemia time, low number of islets, low purity, lack of diagnostic markers which indicate rejection, autoimmune destruction. The fact that in the meantime a few patients remain insulin independent after a single islet transplant with the maximum of 2 years indicates however that this method in principle may serve as a tool for the treatment of diabetes. This is underlined by several advantages compared to pancreatic organ transplantation as low risk of the procedure for the recipient and the possibility of repeated transplantation. In addition, in the future xenotransplantation of (porcine) islets might be feasible. (18 Refs.)

Record Date Created: 19930311
Record Date Completed: 19930311

2/7/23 (Item 2 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

10539819 PMID: 1333924 Record Identifier: PMC1554590
The B cell repertoire in patients with systemic autoimmune diseases: analysis of Epstein-Barr virus (EBV)-inducible circulating precursors that produce autoantibodies against nuclear ribonucleoprotein (nRNP).
Okawa-Takatsuji M; Aotsuka S; Uwatoko S; Sumiya M; Yokohari R
Division of Immunology, National Medical Centre, Tokyo, Japan.

Clinical and experimental immunology (ENGLAND) Dec 1992, 90 (3)
p415-21, ISSN 0009-9104--Print 0009-9104--Linking Journal Code:
0057202

Publishing Model Print

Document type: Comparative Study; Journal Article; Research Support,
Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Other Citation Owner: NLM

Record type: MEDLINE; Completed

Peripheral blood B cells from patients with systemic autoimmune disease and healthy volunteers were immortalized using EBV and the frequencies of B cell precursors that produced immunoglobulin class-specific antibodies against anti-nRNP, a specific marker for mixed connective tissue disease, were assessed using limiting dilution analysis. The frequencies of EBV-induced B cell precursors that produced IgG anti-nRNP were correlated closely with the serum titres of the corresponding autoantibodies, which indicates that B cell precursors that produced potentially pathogenic autoantibodies could be immortalized from the peripheral blood of the patients by EBV. In contrast, the frequency of EBV-induced B cell precursors that produced IgM anti-nRNP in patients with systemic autoimmune disease was comparable to that in healthy volunteers and greater than those that produced IgG and IgA anti-nRNP. Moreover, many of the clones that produced IgM antibodies against nRNP reacted with other autoantigens, such as double-stranded DNA, single-stranded DNA and rabbit IgG. These polyreactive IgM antibodies are believed to belong to the 'natural antibodies', to be coded by the germline immunoglobulin V genes, and to react with evolutionarily conserved structural cellular components, including nRNP. Our finding that nRNP is one of the target antigens for this polyreactive autoantibody may lead to the elucidation of the origin of the pathogenic IgG and IgA anti-nRNP antibodies found in sera from patients with systemic autoimmune diseases.

Record Date Created: 19930108

Record Date Completed: 19930108

2/7/24 (Item 3 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

10443672 PMID: 1525846

Management of early inflammatory arthritis. Intervention with immunomodulatory agents: monoclonal antibody therapy.

Burmester G R; Horneff G; Emmrich F

Bailliere's clinical rheumatology (ENGLAND) Jun 1992, 6 (2)

p415-34, ISSN 0950-3579--Print 0950-3579--Linking Journal Code: 8805770

Publishing Model Print

Document type: Journal Article; Review

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Over the last three years there has been a dramatic rise in the number of trials using monoclonal antibodies in the treatment of rheumatoid arthritis. So far, the numbers of patients treated in the individual studies have been small, and the study designs not comparable. All these trials have been conducted in a non-blinded, uncontrolled fashion. The patient populations tended to represent the severe end of the disease spectrum, being usually individuals for whom all other conventional and sometimes even unconventional experimental therapeutic approaches have failed. Clearly, therefore, larger controlled double blind studies in patients with less advanced stages of rheumatoid arthritis are needed. In

the trials thus far, long-standing diseases afflicting the joints, usually with severe destruction, have frequently made clinical evaluation very ***difficult***. Moreover, apparently with the exception of one or two reagents (16H5 and possibly B-F5) routine laboratory parameters which are helpful in determining disease activity such as CRP or the rheumatoid factor usually remain unaltered with anti-T cell therapy. In addition, in some individuals there was no clinical improvement despite sometimes severe CD4 cell depletion. The notion that the mere depletion of CD4+ cells is not sufficient to permanently suppress disease activity in autoimmune disease is further supported by studies carried out by Conolly and Wofsy in 1990. In a mouse lupus model, these investigators demonstrated that a small subpopulation of CD4+ T cells may be refractory to depletion by anti-CD4 and may be able to promote the full expression of the disease. Similar mechanisms could apply to certain individuals with human autoimmune disorders. Many additional questions remain open. The most important of these is which ***markers*** identify clinical responders to therapy. Attempts to correlate clinical response to the level of T cell depletion, modulation of the target antigens or in vitro functional assays so far have not yielded significant results. Other questions relate to the frequency of antibody administration and the amounts needed to permanently suppress disease activity. The initial hope based on animal experiments of inducing a permanent tolerance to certain antigens by anti-CD4 treatment has been clearly shown not to apply to rheumatoid arthritis. Even though there are individual variations, the efficacy of anti-T cell treatment tends to wear off after 3 or even 1 month, necessitating retreatment. Protocols will have to be designed for either longer treatment periods, repeated courses or more frequent single administrations. (ABSTRACT TRUNCATED AT 400 WORDS) (68 Refs.)

Record Date Created: 19921022

Record Date Completed: 19921022

2/7/25 (Item 4 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

10205677 PMID: 1813024

Network theory of glycosylation--etiologic and pathogenic implications of changes in IgG glycoform levels in autoimmunity.

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Department of Biochemistry, University of Oxford, UK.

Seminars in cell biology (UNITED STATES) Oct 1991, 2 (5)

p327-37, ISSN 1043-4682--Print 1043-4682--Linking Journal Code: 9007587

Publishing Model Print

Document type: Journal Article; Research Support, Non-U.S. Gov't; Review

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

It is now well established that glycoproteins are populations of individual glycoforms. While it has been inferred from in vitro experiments that the differential glycosylation of glycoproteins diversifies their function, evidence is ***lacking*** for such a role in vivo. Alterations in IgG glycosylation in both normal and disease states in vivo, however, provide strong evidence that glycosylation is not static and may be a highly regulated event. The large amount of data ***correlating*** disease activity and severity in autoimmune diseases which have a strong B cell component with changes in the incidence of IgG glycoforms, now suggest that glycoform population shifts may not be just a marker of disease activity, but may also contribute directly to disease persistence and pathogenesis. (74 Refs.)

Record Date Created: 19920618

Record Date Completed: 19920618

2/7/26 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

09474427 PMID: 2406319

Induction of major histocompatibility complex antigens within the myocardium of patients with active myocarditis: a nonhistologic marker of myocarditis.

Herskowitz A; Ahmed-Ansari A; Neumann D A; Beschorner W E; Rose N R; Soule L M; Burek C L; Sell K W; Baughman K L

Department of Immunology and Infectious Diseases, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, Maryland.

Journal of the American College of Cardiology (UNITED STATES) Mar 1 1990, 15 (3) p624-32, ISSN 0735-1097--Print 0735-1097--Linking
Journal Code: 8301365

Contract/Grant No.: 5T32-HL07227; HL; NHLBI NIH HHS United States; R01-A125566-01; PHS HHS United States; RR-00035; RR; NCRR NIH HHS United States

Publishing Model Print

Document type: Journal Article; Research Support, U.S. Gov't, P.H.S.

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The histologic diagnosis of active myocarditis is frequently ***difficult*** to establish. A nonhistologic ***marker*** of immune activation would be clinically useful in identifying cases of immune-mediated myocarditis. A viral etiology with subsequent autoimmunity to cardiac antigens has been implicated in human myocarditis. Because ***autoimmunity*** and viral disease are commonly associated with increased expression of major histocompatibility complex (MHC) antigens on targeted tissue, we examined endomyocardial biopsy samples from patients with active myocarditis for abnormal levels of MHC antigen expression. Thirteen patients with active myocarditis and eight control patients with other well-defined cardiac diagnoses (coronary disease, amyloidosis or neoplasm) were studied. A sensitive radioimmunoassay was developed that utilized monoclonal antibodies to human MHC class I and class II antigens in order to quantitate the expression of both of these antigens within each biopsy. Abnormal MHC class I and class II antigen expression was present in 11 of 13 myocarditis specimens and 1 of 8 control samples (specificity 88%, sensitivity 84.6%). Active myocarditis samples had approximately a 10-fold increase in MHC class I and class II expression. Immunoperoxidase staining localized abnormal MHC expression primarily within microvascular endothelium and along myocyte surfaces (11 of 13). This study is the first to demonstrate a marked increase in major histocompatibility complex antigen expression within the myocardium of patients with active myocarditis. The identification of abnormal histocompatibility antigen expression within an endomyocardial biopsy may prove a useful adjunct to the histologic diagnosis of myocarditis.

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Record Date Completed: 19900328

2/7/27 (Item 6 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

09454468 PMID: 2519348

Immunological aspects of diabetes mellitus: prospects for pharmacological modification.

Itoh M

Third Department of Internal Medicine, Hamamatsu University School of Medicine, Japan.

Pharmacology & therapeutics (ENGLAND) 1989, 44 (3) p351-406,
ISSN 0163-7258--Print 0163-7258--Linking Journal Code: 7905840

Publishing Model Print

Document type: Journal Article; Research Support, Non-U.S. Gov't; Review
Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

It is now well known that insulin-dependent diabetes is a chronic progressive autoimmune disease. The prolonged prediabetic phase of progressive beta-cell dysfunction is associated with immunological abnormalities. A prediabetic period is suggested by the appearance of islet cell antibodies, anti-insulin antibodies, and anti-insulin receptor antibodies. The existence of activated T lymphocytes and abnormal T cell subsets are also other markers. There is still no consensus about the use of the immunosuppression superimposed upon conventional insulin therapy in early diagnosed IDDM and the follow-up of the relatives of IDDM patients who share the genetic predisposition and serological markers for the risk of future onset of IDDM. Treatment in the prodromal period cannot be justified because a link between the disease and early markers such as ICA has not been established with certainty (Diabetes Research Program NIH, 1983). Many immunopharmacological manipulations were reported to be effective in animal models. However, most of them are not readily applied to human subjects. Moreover, IDDM patients are now believed to be heterogeneous, with a complex genetic background. HLA-DR, and more recently DQ, are closely related to the genetic predisposition to IDDM but those genes are not themselves diabetogenic. The contribution of autoimmunity does not appear to be uniform, and in some cases, the contribution of virus is considered more important. There is a ***lack*** of a ***marker*** for the future onset of IDDM. ICA and ICSPA were found after mumps infection, but the existence of those autoantibodies and even the co-existence of HLA-DR3 do not always indicate the future trend to insulin dependency. More precise ***markers*** will be disclosed through the biochemical analysis of the target antigens on pancreatic beta-cell for islet antibodies and effector T cells. Much safer and more effective immunopharmacological treatment will be developed through animal experimentation using rat and mouse models. The recent development and interest in this field will further facilitate the attainment of the goal for the complete prevention of IDDM. (734 Refs.)

Record Date Created: 19911209

. Record Date Completed: 19911209

2/7/28 (Item 7 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

09448576 PMID: 2487418

[Regulation of the autoimmune response against antigens of male accessory glands of rats]

Estudio de la regulacion de la respuesta autoinmune contra antigenos de glandulas sexuales accesorias masculinas de rata.

Riera C M; Ferro M E; Romero-Piffiguer M; Yranzo-Volonte N

Medicina (ARGENTINA) 1989, 49 (3) p247-52, ISSN 0025-7680--
Print 0025-7680--Linking Journal Code: 0204271

Publishing Model Print

Document type: English Abstract; Journal Article; Research Support,

Non-U.S. Gov't

Languages: SPANISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Rats immunized with chemically modified rat male accessory glands (MRAG) elicit organ and species specific autoimmune response. We have developed suppression of autoimmunity to MRAG injecting syngeneic rats, previous to immunization with MRAG-CFA, with low doses of the same antigen. The unresponsiveness was mediated, by inducer phase, cyclophosphamide (Cy)-sensitive, antigen specific, T suppressor lymphocytes and effector phase, Cy and irradiation sensitive T lymphocytes. Moreover, we demonstrated that macrophages could play a role in the induction of these MRAG-specific suppressor T lymphocytes. On the other hand, we studied the influence of an infection with *Toxoplasma gondii* on rats immunized with MRAG-CFA. The cellular and humoral immune responses to MRAG were selectively potentiated in animals infected in thymus proximity, whereas the infection did not modify the response to an heteroantigen, human serum albumin (HSA). The i.p. infection did not alter the cellular response. The potentiation of cellular autoimmune response was correlated with thymic involution and proliferation of lymphocytes and plasma cells. A decrease of Ox-8, Ox-18 and Ox-17 surface markers in thymic cellular population and an increase of immature thymocytes (PNA+) were observed in these animals in correlation with the blockage of the effector phase of suppressor cell circuit. In another study we found that the male kits born to mothers immunized with 5 mg of MRAG-CFA showed significantly reduced DTH response to MRAG. When the mothers were immunized with 25 mg of MRAG-CFA the lack of DTH response was observed in male and female kits. In all cases, the DTH response to HSA was positive. (ABSTRACT TRUNCATED AT 250 WORDS)

Record Date Created: 19910320

Record Date Completed: 19910320

2/7/29 (Item 8 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

09367135 PMID: 2557544 Record Identifier: PMC363642

Tyrosine phosphorylation of a c-Src-like protein is increased in membranes of CD4- CD8- T lymphocytes from *lpr/lpr* mice.

Katagiri T; Ting J P; Dy R; Prokop C; Cohen P; Earp H S

Cell Biology and Immunology Program, University of North Carolina School of Medicine, Chapel Hill 27599.

Molecular and cellular biology (UNITED STATES) Nov 1989, 9 (11)

p4914-22, ISSN 0270-7306--Print 0270-7306--Linking Journal Code: 8109087

Contract/Grant No.: AM30701; AM; NIADDK NIH HHS United States; AR33887; AR; NIAMS NIH HHS United States; DK31683; DK; NIDDK NIH HHS United States

Publishing Model Print; Cites Cell. 1985 Oct;42(3):849-57 PMID 2996780; Cites Mol Cell Biol. 1988 May;8(5):2214-8 PMID 3260330; Cites Nature. 1986 Feb 20-26;319(6055):682-5 PMID 3081813; Cites Science. 1987 Jul 24;237(4813):411-5 PMID 2440106; Cites Mol Cell Biol. 1988 Jun;8(6):2465-71 PMID 2457151; Cites J Exp Med. 1985 Sep 1;162(3):802-22 PMID 2863322; Cites J Immunol. 1987 Jan 1;138(1):149-56 PMID 3097142; Cites J Immunol. 1987 Oct 15;139(8):2810-7 PMID 3116095; Cites Cell. 1988 Mar 25;52(6):801-10 PMID 2450676; Cites Proc Natl Acad Sci U S A. 1987 Jul;84(13):4480-4 PMID 2440024; Cites Annu Rev Cell Biol. 1987;3:31-56 PMID 2446642; Cites Proc Natl Acad Sci U S A. 1987 Apr;84(8):2251-5 PMID 2436227; Cites Nature. 1986 Dec 18-31;324(6098):674-6 PMID 2432431; Cites Mol Cell Biol. 1986 Dec;6(12):4155-60 PMID 2432397; Cites Cell. 1986 Sep 26;46(7):1083-90 PMID

2428504; Cites J Biol Chem. 1986 Apr 15;261(11):4921-5 PMID 2420795; Cites Proc Natl Acad Sci U S A. 1986 Feb;83(4):852-6 PMID 2419901; Cites J Exp Med. 1988 Mar 1;167(3):741-51 PMID 3258351; Cites J Biol Chem. 1988 May 25;263(15):6956-9 PMID 3259228; Cites Proc Natl Acad Sci U S A. 1988 Jun;85(12):4247-51 PMID 3380789; Cites Mol Cell Biol. 1988 Feb;8(2):540-50 PMID 3352600; Cites Proc Natl Acad Sci U S A. 1986 Aug;83(15):5459-63 PMID 3526330; Cites Science. 1984 Nov 30;226(4678):1087-9 PMID 6494925; Cites J Immunol. 1987 Oct 1;139(7):2200-10 PMID 3498754; Cites Nature. 1985 Mar 7-13;314(6006):98-100 PMID 3919312; Cites Eur J Immunol. 1985 Aug;15(8):760-4 PMID 4029256; Cites J Virol. 1984 Aug;51(2):272-82 PMID 6205164; Cites J Biol Chem. 1984 Aug 10;259(15):9348-50 PMID 6378908; Cites J Biol Chem. 1982 Dec 10;257(23):13877-9 PMID 6292212; Cites J Virol. 1983 Nov;48(2):352-60 PMID 6312092; Cites Proc Natl Acad Sci U S A. 1984 Apr;81(8):2347-51 PMID 6201854; Cites J Exp Med. 1983 Nov 1;158(5):1654-71 PMID 6195289; Cites J Immunol. 1980 Dec;125(6):2665-72 PMID 6159417; Cites J Immunol. 1982 Sep;129(3):1219-26 PMID 6125541; Cites J Immunol. 1984 Jun;132(6):2686-9 PMID 6144707; Cites J Biol Chem. 1983 Sep 10;258(17):10738-42 PMID 6604054; Cites J Immunol. 1984 Jul;133(1):227-33 PMID 6609979; Cites J Immunol. 1982 Dec;129(6):2612-5 PMID 6815273; Cites Autoimmunity. 1989;2(2):97-111 PMID 2562377; Cites J Immunol. 1987 Nov 15;139(10):3497-505 PMID 3316384; Cites Cell. 1987 Apr 10;49(1):83-91 PMID 3103927; Cites Cell. 1987 Apr 10;49(1):75-82 PMID 3103926; Cites Cell. 1987 Apr 10;49(1):65-73 PMID 3103925; Cites Mol Cell Biol. 1986 Dec;6(12):4195-201 PMID 3099169; Cites Annu Rev Biochem. 1988;57:443-78 PMID 3052279; Cites Mol Cell Biol. 1988 Apr;8(4):1414-20 PMID 2837640; Cites Annu Rev Biochem. 1985;54:897-930 PMID 2992362; Cites J Biol Chem. 1985 Apr 10;260(7):4351-6 PMID 3884608; Cites J Exp Med. 1978 Nov 1;148(5):1198-215 PMID 309911; Cites J Biol Chem. 1975 May 25;250(10):4007-21 PMID 236308; Cites Proc Natl Acad Sci U S A. 1986 Jun;83(12):4228-32 PMID 2424022; Cites EMBO J. 1985 Jun;4(6):1471-7 PMID 2411538; Cites Mol Cell Biol. 1985 May;5(5):1122-9 PMID 2582238; Cites Cell. 1985 Dec;43(2 Pt 1):393-404 PMID 2416464; Cites Biotechniques. 1988 Feb;6(2):114-6 PMID 2908499; Cites J Immunol. 1988 Sep 15;141(6):1848-54 PMID 3262641; Cites Cell. 1988 Oct 21;55(2):301-8 PMID 3262426; Cites Science. 1986 Mar 21;231(4744):1431-4 PMID 2420005

Document type: Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.

Languages: ENGLISH

Main Citation Owner: NLM

Other Citation Owner: NLM

Record type: MEDLINE; Completed

Mice homozygous for the autosomal recessive *lpr* gene have a disorder that results in autoimmunity and massive accumulation of T lymphocytes

lacking CD4 and CD8 surface ***markers***. These abnormal T cells exhibit constitutive tyrosine phosphorylation of a component of the CD3-T-cell receptor complex. We compared membrane tyrosine phosphorylation in *lpr/lpr* CD4- CD8- T cells and control T cells, *lpr* membranes exhibited a 7.3-fold increase (n = 16) in tyrosine phosphorylation of a 60-kilodalton protein. The increase was ***correlated*** with the *Lpr* but not the CD4- CD8- phenotype in that p60 phosphorylation was not increased in membranes from normal CD4- CD8- thymocytes. To identify the p60 in *lpr* cells, we examined the activity of several T-cell tyrosine-specific protein kinases. p56lck phosphorylation was only slightly increased in *lpr* membranes (2.2-fold; n = 16). Phorbol ester treatment of intact T cells before membrane isolation caused p56lck to migrate as pp60lck; however, pp60lck could be clearly distinguished from the pp60 in *lpr* cells by two-dimensional gel electrophoresis. The pp60 from *lpr* cells exhibited several isoforms at pH approximately 6.3 to 6.5. Although on two-dimensional gels pp60c-src had a pI (6.4 to 6.8) within a similar region, p60c-src mRNA, protein, and kinase activities were not increased in

lpr cells. In addition, staphylococcal V8 proteolytic cleavage of the lpr pp60 isolated on two-dimensional gels yielded two major fragments, a pattern distinct from that of pp60c-src. However, by using an antiserum against the C-terminal sequence of c-Src and other related kinases, including p59fyn, the pp60 could be immunoprecipitated in greater amounts from lpr than from control T cells. When pp59(fyn) was selectively immunoprecipitated from T-cell membranes with specific antisera, its molecular weight, proteolytic cleavage pattern, and behavior on two-dimensional gels were identical to those of the pp60 from lpr cells. We conclude that p59(fyn) phosphorylation is increased in membranes from lpr/lpr CD4(-) CD8(-) T cells and that the increase is correlated with constitutive tyrosine phosphorylation and perhaps with the expansion of this unusual T-cell population.

Record Date Created: 19900202

Record Date Completed: 19900202

2/7/30 (Item 9 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

09317803 PMID: 2811552

Theoretical and practical implications for plasmapheresis in autoimmune inner ear disease.

Luetje C M

Otologic Center, Inc., Kansas City, MO 64111.

Laryngoscope (UNITED STATES) Nov 1989, 99 (11) p1137-46,

ISSN 0023-852X--Print 0023-852X--Linking Journal Code: 8607378

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Immune-mediated inner ear disease, by convention called autoimmune inner ear disease (AIED), has established clinical profile guidelines for ***diagnosis***. Treatment consists of steroid and/or cytotoxic drug immunosuppression. The role of plasmapheresis (PMP) in the treatment of AIED has not been defined. ***Lack*** of a precise serological ***marker*** prevents accurate immunological understanding. Definition is, of course, ***difficult*** in a disease whose natural history is not well delineated. Successful use of PMP in one steroid and cytotoxic drug intolerant patient with AIED led to its use in a total of eight patients. The rationale for PMP was based on its known effectiveness in other autoimmune diseases and thus, its potential use in AIED. Improved auditory function occurred in 6 of the 8 patients, 3 of whom have been followed for over 3 years. Three of the six no longer require immunosuppressant medication. PMP can be used as an alternative or adjunctive therapy in AIED. These preliminary results suggest PMP can stabilize or improve auditory and vestibular symptoms in selected patients. Its use as a first line therapy followed by cytotoxic immunosuppressants bears consideration.

Record Date Created: 19891215

Record Date Completed: 19891215

2/7/31 (Item 10 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

09023708 PMID: 3240331

Immunoglobulin-bound lipoproteins (Ig-Lp) as markers of familial hypercholesterolemia, xanthomatosis and atherosclerosis.

Beaumont J L; Doucet F; Vivier P; Antonucci M
INSERM U., Hopital Henri Mondor, Creteil, France.
Atherosclerosis (NETHERLANDS) Dec 1988, 74 (3) p191-201,
ISSN 0021-9150--Print 0021-9150--Linking Journal Code: 0242543
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

In autoimmune hyper- or dislipidemia secondary to a monoclonal antilipoprotein gammopathy, immunoglobulin-lipoprotein (Ig-Lp) complexes are found in the circulating blood. In order to determine their possible significance in common types of hyperlipidemia we compared the Ig-Lp content of sera from 98 healthy blood donors and 155 outpatients from a Lipid Clinic, including 91 cases of hypercholesterolemia (55 familial and 36 non-familial), 15 cases of hypertriglyceridemia, 20 cases of mixed hyperlipidemia and 29 miscellaneous cases. Detection of the Ig-Lp was performed by an ELISA technique with polyclonal affinity purified anti-LDL + HDL as capture antibodies and peroxidase-labeled anti-Ig antibodies specific for IgA, IgG, IgM heavy chains as indicators. Two cases of monoclonal gammopathy (one IgA K and one IgG L) with dislipidemia served as positive controls for the test. IgG, IgA and IgM Lp were found in the sera of the blood donors, in very small quantities when compared with the monoclonal gammopathy cases. All three types of Ig-Lp were also found in the different hyperlipidemic populations studied. When blood donors were compared to hyperlipidemic patients, no difference was observed for IgG Lp. A significant increase in IgM Lp was found in patients with familial hypercholesterolemia (P less than 0.01). An increase in IgA Lp was also found in hypercholesterolemia, familial or not (P less than 0.01), and in patients with corneal arcus (P less than 0.0001), ischaemic disease (P less than 0.01), tendon xanthomas (P less than 0.05) or xanthelasma (P less than 0.05). Furthermore, in a group of 18 paired parents from 9 different families, positive interparent correlations were found for IgM Lp ($r = 0.78$; $P = 0.013$) and IgG Lp ($r = 0.69$; $P = 0.038$). Therefore IgM Lp may be markers for subpopulations of familial hypercholesterolemia, and IgA Lp markers for the risk of atherosclerotic ischemic disease and deposition of lipids in the cornea. It may be (1) that natural clones of autoanti-lipoprotein antibodies are responsible for the minute quantities of Ig-Lp found in normal people; (2) that the marked development of one of these clones is the cause of autoimmune hyper- or dyslipidemia and xanthomatosis associated with monoclonal gammopathy; (3) that the limited development of a clone produces the Ig-Lp particles found in hypercholesterolemic patients; (4) that there are types of Ig-Lp particles (IgA Lp) that may be harmful for tissues independently of hypercholesterolemia.

Record Date Created: 19890424

Record Date Completed: 19890424

2/7/32 (Item 11 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

08613502 PMID: 3319583

Immunogenetics of autoimmune thyroid disorders.

Farid N R

Faculty of Medicine, Memorial University of Newfoundland Health Sciences Center, St. John's, Canada.

Endocrinology and metabolism clinics of North America (UNITED STATES)

Jun 1987, 16 (2) p229-45, ISSN 0889-8529--Print 0889-8529--
Linking Journal Code: 8800104

Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

The loci determining polymorphism of genes involved in the immune response feature prominently in the susceptibility to autoimmune thyroid disease. However, disease phenotypes do not segregate perfectly with the genetic ***markers***. The interaction between the influence of these loci on susceptibility is complex, and when taken in the context of the multilayered, multidirectional workings of the immune network and that of as-yet-unspecified environmental factors, our difficulty in ***predicting*** the susceptible phenotypes is not surprising. (71 Refs.)
Record Date Created: 19880217
Record Date Completed: 19880217

2/7/33 (Item 12 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

07585978 PMID: 6385956
Virus infection islet cell antibodies and islet cell function in type I diabetes mellitus.
Helmke K; Brockhaus R; Seitz M; Otten H; Willems W R; Laube H; Federlin K
Behring Institute Mitteilungen (GERMANY, WEST) Jul 1984, (75)
p73-82, ISSN 0301-0457--Print 0301-0457--Linking Journal Code: 0367532
Publishing Model Print
Document type: Comparative Study; In Vitro; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

The detection of islet cell antibodies has led to an increasing interest in autoimmune mechanisms in Type I diabetes mellitus. Other phenomena, such as insulinitis in juvenile diabetics and in experimental animals, cellular immune reactions and concomitant antibodies against other endocrine organs, antinuclear antibodies and circulating immune complexes have supported such speculations. HLA-association and viral-infections could be predisposing and inducing factors. However, with one exception, the occurrence of ICA in a group of mumps infected children did not result in the development of diabetes mellitus over 3-4 years, nor could it be ***correlated*** with HLA-pattern. The islet cell antibodies block glucose stimulated insulin secretion in vitro without complement, while Type I diabetic sera with complement are beta cell cytotoxic irrespective of their ICA concentration. It is still not clear whether these mechanisms play any role in vivo. Therapeutic intervention before the clinical manifestation of the disease is as yet not possible due to the lack of markers indicating a subclinical ***autoimmune*** process.
Record Date Created: 19841116
Record Date Completed: 19841116

2/7/34 (Item 13 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

07495842 PMID: 6428708
Kaposi's sarcoma and autoimmune thrombocytopenia.
Modlin R L; Kempf R A; Mitchell M S; Taylor C R; Davis C R; Rea T H
Cancer investigation (UNITED STATES) 1984, 2 (2) p97-101,
ISSN 0735-7907--Print 0735-7907--Linking Journal Code: 8307154

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Outbreaks of Kaposi's sarcoma, opportunistic infections, and autoimmune thrombocytopenia among homosexual men have recently been described. We report here a case with the combination of Kaposi's sarcoma and ***autoimmune*** thrombocytopenia. Our patient presented with Kaposi's sarcoma limited to the integument and autoimmune thrombocytopenia ***diagnosed*** by elevated platelet bound IgG. Characteristics of immunosuppression included lymphocytopenia and a reversed blood helper:suppressor T lymphocyte ratio. Immunohistochemical evaluation of skin biopsy specimens revealed tumor cells to contain Factor VIII-related antigen (a vascular endothelial cell ***marker***). In addition some tumor cells stained positively with a monoclonal antibody directed against a cytomegalovirus antigen.

Record Date Created: 19840813

Record Date Completed: 19840813

2/7/35 (Item 14 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

07399675 PMID: 6420307

Chronic hepatitis and cirrhosis.

Sherlock S

Hepatology (Baltimore, Md.) (UNITED STATES) Jan-Feb ***1984*** , 4 (1 Suppl) p25S-28S, ISSN 0270-9139--Print 0270-9139--Linking

Journal Code: 8302946

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Chronic hepatitis is defined as diffuse chronic liver disease existing for at least 6 months. Cirrhosis is a sequel. It is of multiple etiology. Liver biopsy is essential for ***diagnosis*** and prognosis. Hepatitis B-related chronic hepatitis is slowly progressive. Corticosteroid therapy is disappointing. Current antiviral therapy converts the hepatitis B e antigen-positive patient to anti-HBe in about 50%. Non-A, non-B virus hepatitis-related chronic hepatitis suffers from lack of a ***diagnostic*** ***marker***. No current therapy is of proven benefit. Autoimmune lupoid chronic active hepatitis presents a very active biochemical and immunological picture. Prednisolone therapy prolongs life but does not prevent the development of cirrhosis. Drug-related liver disease is recognized by its associations. Recovery follows withdrawal of the drug. Deaths often follow continuation of the drug. Indications of progression to a terminal state with likelihood of less than a 6-month survival are detailed. These are helpful in deciding on hepatic transplantation before the patient becomes moribund.

Record Date Created: 19840309

Record Date Completed: 19840309

2/7/36 (Item 15 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

07322951 PMID: 6648430

[Transcobalamin II dynamics in a plasma turnover study of patients with lupus erythematosus. Preliminary report]

Transcobalamin-II-Dynamik in einer Plasmaturnover-Studie bei Patienten mit Lupus erythematosus. Vorläufige Mitteilung.

Frater-Schroder M; Lasser U; Kierat L

Schweizerische medizinische Wochenschrift (SWITZERLAND) Oct 8 1983, 113 (40) p1476-7, ISSN 0036-7672--Print 0036-7672--Linking

Journal Code: 0404401

Publishing Model Print

Document type: English Abstract; Journal Article

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Increased serum levels of the essential vitamin B12 binding protein, transcobalamin II (TC2) were previously observed in autoimmune disease. The periods of raised serum level ***correlated*** with clinical disease activity in patients with SLE and dermatomyositis. The correlation of serum levels with disease activity in a large group of 44 Swiss SLE patients was shown to be most reliable for TC2, when compared to certain established serological markers such as complement factors C3 and C4, antinuclear antibody titer or antinative DNA antibodies. Several questions were raised: Why is the TC2 level elevated in active SLE? Is the accumulation in serum due to lack of TC2 uptake by the cell or is it due to stimulation of synthesis? Answers were sought by applying a plasma turnover test for TC2 to the SLE patients. After 400 ng/kg cyanocobalamin (i.m.) the TC2 level decreased, due to preferential uptake of holo TC2 by the cells. Total TC2 levels were determined by radioimmunoassay. Normalisation of the plasma level and corresponding reappearance of apo TC2 was interpreted as newly synthesized TC2. Twelve SLE patients and six healthy controls were investigated. One SLE patient was treated with a higher cobalamin dose (200 micrograms) to ensure complete saturation of TC2. The TC2 level decrease after cobalamin injection was comparable in controls and patients, independently of the state of the disease. Normalisation of plasma levels was significantly faster, elevation above starting levels was observed, in 3 of 5 SLE patients exhibiting active disease. In the remaining 9 patients normalisation of the plasma level was comparable to the control group. Our conclusions are that TC2 uptake, in other words TC2 consumption by the cell, is unchanged in SLE, and that an increased rate of TC2 synthesis may be the cause of elevated plasma levels in active SLE.

Record Date Created: 19840107

Record Date Completed: 19840107

? ds

Set	Items	Description
S1	376	(AUTOIMMUN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR D-IAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S2	36	S1 AND PY<1994
S3	22	RD S2 (unique items)

? ds

Set	Items	Description
S1	376	(AUTOIMMUN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR D-IAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S2	36	S1 AND PY<1994
S3	22	RD S2 (unique items)

? s s1 and (review? or overview?)

	376	S1
	6419516	REVIEW?
	203449	OVERVIEW?
S4	117	S1 AND (REVIEW? OR OVERVIEW?)

? rd s4
S5 75 RD S4 (unique items)
? t s5/3/all

5/3/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0021201478 BIOSIS NO.: 200900542915
Lactoferrin in Gastrointestinal Disease
AUTHOR: Hayakawa Tetsuo (Reprint); Jin Chun Xiang; Ko Shigeru B H; Kitagawa
Motoji; Ishiguro Hiroshi
AUTHOR ADDRESS: Meijo Hosp, Nagoya, Aichi, Japan**Japan
AUTHOR E-MAIL ADDRESS: thayakawa@meijohosp.com
JOURNAL: Internal Medicine (Tokyo) 48 (15): p1251-1254 2009 2009
ITEM IDENTIFIER: doi:10.2169/internalmedicine.48.2199
ISSN: 0918-2918
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0021160131 BIOSIS NO.: 200900501568
Regulatory T cells in diabetes and gastritis
AUTHOR: Alonso Nuria; Soldevila Berta; Sanmarti Anna; Pujol-Borrell Ricardo
; Martinez-Caceres Eva (Reprint)
AUTHOR ADDRESS: Germans Trias Hosp, Dept Immunol LIRAD Banc Sang and
Teixits, Edifici IGM Planta 2A, Cami Escoles S-N, Barcelona 08916, Spain**
Spain
AUTHOR E-MAIL ADDRESS: emmartinez.liradbst.germanstrias@gencat.cat
JOURNAL: Autoimmunity Reviews 8 (8): p659-662 JUL 2009 2009
ITEM IDENTIFIER: doi:10.1016/j.autrev.2009.02.014
ISSN: 1568-9972
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0021143547 BIOSIS NO.: 200900484984
Neutrophil CD64: a diagnostic marker for infection and sepsis
AUTHOR: Hoffmann Johannes J M L (Reprint)
AUTHOR ADDRESS: Abbott GmbH and Co KG, Abbott Diagnost Div, Max Planck Ring
2, D-65205 Wiesbaden, Germany**Germany
AUTHOR E-MAIL ADDRESS: hans.hoffmann@abbott.com
JOURNAL: Clinical Chemistry and Laboratory Medicine 47 (8): p903-916 AUG
2009 2009
ITEM IDENTIFIER: doi:10.1515/CCLM.2009.224
ISSN: 1434-6621
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020951404 BIOSIS NO.: 200900292841
Clinical manifestations and management of patients with autoimmune
polyendocrine syndrome type I
AUTHOR: Husebye E S (Reprint); Perheentupa J; Rautemaa R; Kampe O
AUTHOR ADDRESS: Univ Bergen, Inst Med, Endocrinol Sect, N-5021 Bergen,
Norway**Norway
AUTHOR E-MAIL ADDRESS: eyhu@helse-bergen.no
JOURNAL: Journal of Internal Medicine 265 (5): p514-529 MAY 2009 2009
ITEM IDENTIFIER: doi:10.1111/j.1365-2796.2009.02090.x
ISSN: 0954-6820
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

5/3/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020941298 BIOSIS NO.: 200900281632
Clinical, Pathological, and Immunologic Aspects of the Multiple Sclerosis
Model in Common Marmosets (Callithrix jacchus)
AUTHOR: 't Hart Bert A (Reprint); Massacesi Luca
AUTHOR ADDRESS: Biomed Primate Res Ctr, Dept Immunobiol, Lange Kleiweg
139, POB 3306, NL-2288 GH Rijswijk, Netherlands**Netherlands
AUTHOR E-MAIL ADDRESS: hart@bprc.nl
JOURNAL: Journal of Neuropathology & Experimental Neurology 68 (4): p
341-355 APR 2009 2009
ISSN: 0022-3069
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0020921630 BIOSIS NO.: 200900261964
Pediatric autoimmune neuropsychiatric disorders associated with
streptococci (PANDAS): update
AUTHOR: Shulman Stanford T (Reprint)
AUTHOR ADDRESS: Childrens Mem Hosp, Div Infect Dis, 2300 Childrens
Plaza, Box 20, Chicago, IL 60614 USA**USA
AUTHOR E-MAIL ADDRESS: sshulman@northwestern.edu
JOURNAL: Current Opinion in Pediatrics 21 (1): p127-130 FEB 2009 2009
ITEM IDENTIFIER: doi:10.1097/MOP.0b013e32831db2c4
ISSN: 1040-8703
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020807750 BIOSIS NO.: 200900148084
Autoimmunity and HIV
AUTHOR: Stratton Richard; Slapak Gabrielle; Mahungu Tabitha; Loes Sabine
Kinloch-de (Reprint)
AUTHOR ADDRESS: Royal Free and Univ Coll Med Sch, Royal Free Ctr HIV, Dept
Immunol, Div Infect and Immun, Royal Free Campus, London NW3 2QG, UK**UK
AUTHOR E-MAIL ADDRESS: sabine@kinloch.u-net.com
JOURNAL: Current Opinion in Infectious Diseases 22 (1): p49-56 FEB 2009
2009
ITEM IDENTIFIER: doi:10.1097/QCO.0b013e3283210006
ISSN: 0951-7375
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020772183 BIOSIS NO.: 200900112517
Measurement of CD8(+) T Cell Responses in Human Type 1 Diabetes
BOOK TITLE: Annals of the New York Academy of Sciences
AUTHOR: Martinuzzi Emanuela; Lemonnier Francois A; Boitard Christian;
Mallone Roberto (Reprint)
BOOK AUTHOR/EDITOR: Sanjeevi CB (Editor); Schatz DA (Editor); Atkinson A
(Editor)
AUTHOR ADDRESS: Hop St Vincent de Paul, INSERM, U561, 82 Ave Denfert
Rochereau, F-75674 Paris 14, France**France
AUTHOR E-MAIL ADDRESS: roberto.mallone@pairs5.inserm.fr
SERIES TITLE: ANNALS OF THE NEW YORK ACADEMY OF SCIENCES 1150 p61-67 2008
ITEM IDENTIFIER: doi:10.1196/annals.1447.015
BOOK PUBLISHER: BLACKWELL PUBLISHING, 9600 GARSINGTON RD, OXFORD OX4 2DQ,
OXEN, UK
CONFERENCE/MEETING: 9th International Congress of the
Immunology-of-Diabetics-Society/American-Diabetics-Association-Research
Symposium Miami Beach, FL, USA November 14 -18, 2007; 20071114
SPONSOR: Immunol Diabet Soc
Amer Diabet Assoc Res
ISSN: 0077-8923 (print) ISBN: 978-1-57331-733-7 (S)
DOCUMENT TYPE: Book Chapter; Meeting
RECORD TYPE: Abstract
LANGUAGE: English

5/3/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0019842203 BIOSIS NO.: 200700501944
Interpretative comments on autoantibody tests
AUTHOR: Tonutti Elio (Reprint); Visentini Daniela; Bizzaro Nicola
AUTHOR ADDRESS: Osped S Maria Misericordia, Lab Immunopatol and Allergol,
Pizzale S Maria Misericordia, I-33100 Udine, Italy**Italy
AUTHOR E-MAIL ADDRESS: tonutti.elio@aoud.sanita.fvg.it
JOURNAL: Autoimmunity Reviews 6 (6): p341-346 JUN 2007 2007
ITEM IDENTIFIER: doi:10.1016/j.autrev.2007.01.007
ISSN: 1568-9972
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/10 (Item 10 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0019538722 BIOSIS NO.: 200700198463
Biomarkers in alcoholism
AUTHOR: Niemela Onni (Reprint)
AUTHOR ADDRESS: Seinajoki Cent Hosp, Dept Lab Med, FIN-60220 Seinajoki,
Finland**Finland
AUTHOR E-MAIL ADDRESS: onni.niemela@epshp.fi
JOURNAL: Clinica Chimica Acta 377 (1-2): p39-49 FEB 2007 2007
ISSN: 0009-8981
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

19214855 BIOSIS NO.: 200600560250
Thymus and activation regulated chemokine (TARC)/CCL17 and skin diseases
AUTHOR: Saeki Hidehisa; Tamaki Kunihiro (Reprint)
AUTHOR ADDRESS: Univ Tokyo, Grad Sch Sci, Dept Dermatol, Bunkyo Ku, Hongo
7-3-1, Tokyo 1138655, Japan**Japan
AUTHOR E-MAIL ADDRESS: tamakik-der@h.u-tokyo.ac.jp
JOURNAL: Journal of Dermatological Science 43 (2): p75-84 AUG 2006 2006
ISSN: 0923-1811
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/12 (Item 12 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

19064538 BIOSIS NO.: 200600409933
Diagnosis and management of adult onset Still's disease
AUTHOR: Efthimiou P (Reprint); Paik P K; Bielory L
AUTHOR ADDRESS: 90 Bergen St, DOC 4700, Newark, NJ 07103 USA**USA
AUTHOR E-MAIL ADDRESS: efthimpv@umdnj.edu
JOURNAL: Annals of the Rheumatic Diseases 65 (5): p564-572 MAY 2006 2006
ISSN: 0003-4967
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/13 (Item 13 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

19006898 BIOSIS NO.: 200600352293
Narrative review: Ketosis-prone type 2 diabetes mellitus
AUTHOR: Umpierrez Guillermo E (Reprint); Smiley Dawn; Kitabchi Abbas E
AUTHOR ADDRESS: Emory Univ, Sch Med, 49 Jesse Hill Jr Dr, Atlanta, GA 30303
USA**USA

AUTHOR E-MAIL ADDRESS: geumpie@emory.edu
JOURNAL: Annals of Internal Medicine 144 (5): p350-357 MAR 7 2006 2006
ISSN: 0003-4819
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/14 (Item 14 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

18852953 BIOSIS NO.: 200600198348
Tic disorders and obsessive-compulsive disorder: Is autoimmunity involved?
AUTHOR: Hoekstra Pieter J (Reprint); Minderdaa Ruud B
AUTHOR ADDRESS: Child and Adolescent Psychiat Ctr, Hanzep1 1, NL-9713 GZ
Groningen, Netherlands**Netherlands
AUTHOR E-MAIL ADDRESS: p.hoekstra@accare.nl
JOURNAL: International Review of Psychiatry 17 (6): p497-502 JAN 2006 2006
ISSN: 0954-0261
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

5/3/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

17144713 BIOSIS NO.: 200300103432
Inflammation and anti-inflammatory therapy in chronic prostatitis.
AUTHOR: Pontari Michel A (Reprint)
AUTHOR ADDRESS: Department of Urology, Temple University School of
Medicine, 3401 North Broad Street, Suite 350 Parkinson Pavillion,
Philadelphia, PA, 19140-5103, USA**USA
AUTHOR E-MAIL ADDRESS: pontarm@tuhs.temple.edu
JOURNAL: Urology 60 (6A Supplement): p29-34 December 2002 2002
MEDIUM: print
ISSN: 0090-4295 (ISSN print)
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/16 (Item 16 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

16675059 BIOSIS NO.: 200200268570
Testing for autoimmunity in humans
AUTHOR: D'Cruz David (Reprint)
AUTHOR ADDRESS: The Lupus Research Unit, St. Thomas' Hospital, London, SE1
7EH, UK**UK
JOURNAL: Toxicology Letters (Shannon) 127 (1-3): p93-100 February 27th,
2002 2002
MEDIUM: print
ISSN: 0378-4274
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

5/3/17 (Item 17 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

14283800 BIOSIS NO.: 199800078047
Antibody screening in a population of children
AUTHOR: Batstra Manou R; Bruining G Jan; Aanstoot Henk-Jan
AUTHOR ADDRESS: Erasmus Univ. Med. Cent., Dep. Pediatr. Eel551, Dr.
Molewaterplein 50, NL-3015 DR Rotterdam, Netherlands**Netherlands
JOURNAL: Annals of Medicine 29 (5): p453-460 Oct., 1997 1997
MEDIUM: print
ISSN: 0785-3890
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/18 (Item 18 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13776402 BIOSIS NO.: 199799410462
Autoantibodies: Diagnostic fingerprints and etiologic perplexities
AUTHOR: Fritzler Marvin J
AUTHOR ADDRESS: Fac. Med., Univ. Calgary, 3330 Hospital Dr. NW, Calgary, AB
T2N 4N1, Canada**Canada
JOURNAL: Clinical and Investigative Medicine 20 (1): p50-66 1997 1997
ISSN: 0147-958X
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/19 (Item 19 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13701820 BIOSIS NO.: 199799335880
Antiphospholipid and antiendothelial antibodies
AUTHOR: Meroni Pier Luigi (Reprint); Del Papa N; Borghi M O
AUTHOR ADDRESS: Padiglione Granelli-IRCCS Policlinico, Via F. Sforza 35,
I-20122 Milan, Italy**Italy
JOURNAL: International Archives of Allergy and Immunology 111 (4): p
320-325 1996 1996
ISSN: 1018-2438
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/20 (Item 20 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13567587 BIOSIS NO.: 199699201647
Hepatitis C virus infection: Diagnosis, natural course and therapy
AUTHOR: Tillmann Hans L; Manns Michael P (Reprint)
AUTHOR ADDRESS: Dep. Gastroenterol. Hepatol., Zentrum Innere Med.
Dermatol., Med. Hochschule Hannover, Konstanty-gutschow Strasse 8,
D-30623 Hannover, Germany**Germany

JOURNAL: Kidney and Blood Pressure Research 19 (3-4): p215-219 1996 1996
ISSN: 1420-4096
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/21 (Item 21 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13050766 BIOSIS NO.: 199598518599
Autoimmune hepatitis versus viral hepatitis C
AUTHOR: Strassburg C Pl; Manns M P (Reprint)
AUTHOR ADDRESS: Medizinische Hochschule Hannover, Dep. Gastroenterol.,
Konstanty-Gutschow-Str. 8, 30625 Hannover, Germany**Germany
JOURNAL: Liver 15 (5): p225-232 1995 1995
ISSN: 0106-9543
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

5/3/22 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083797831 EMBASE/Medline No: 2010202935
Disorders of pigmentation
Pigmentstörungen
Fistarol S.K.; Itin P.H.
Department of Dermatology, Basel University Hospital, Switzerland
AUTHOR EMAIL: pitin@uhbs.ch
CORRESP. AUTHOR/AFFIL: Itin P. H.: Dermatologie Universitätsspital,
Petersgraben 4, CH-4031 Basel, Switzerland
CORRESP. AUTHOR EMAIL: pitin@uhbs.ch

JDDG - Journal of the German Society of Dermatology (JDDG J. German Soc.
Dermatol.) (United Kingdom) March 1, 2010, 8/3 (187-203)
CODEN: JJDDA ISSN: 1610-0379 eISSN: 1610-0387
DOI: 10.1111/j.1610-0387.2009.07137.x
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: German; English SUMMARY LANGUAGE: English; German
NUMBER OF REFERENCES: 22

5/3/23 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083729405 EMBASE/Medline No: 2010182610
Neuromyelitis optica: An overview
Nandhagopal R.; Al-Asmi A.; Gujjar A.R.
Department of Medicine, College of Medicine and Health Sciences, Sultan
Qaboos University Hospital, P.O. Box 35, Al Khod, Oman
AUTHOR EMAIL: rnandagopal@yahoo.com
CORRESP. AUTHOR/AFFIL: Nandhagopal R.: Department of Medicine, College of
Medicine and Health Sciences, Sultan Qaboos University Hospital, P.O. Box
35, Al Khod, Oman
CORRESP. AUTHOR EMAIL: rnandagopal@yahoo.com

Postgraduate Medical Journal (Postgrad. Med. J.) (United Kingdom)
March 1, 2010, 86/1013 (153-159)
CODEN: PGMJA ISSN: 0032-5473 eISSN: 1469-0756
DOI: 10.1136/pgmj.2009.091389
URL: <http://pmj.bmj.com/content/86/1013/153.full.pdf>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 68

5/3/24 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083652099 EMBASE/Medline No: 2010136570
PANDAS and anorexia nervosa - A spotters' guide: Suggestions for medical
assessment
Vincenzi B.; O'Toole J.; Lask B.
Department of Mother-Child and Biology-Genetics, Verona University,
Verona, Italy
AUTHOR EMAIL: bryanlask@mac.com
CORRESP. AUTHOR/AFFIL: Lask B.: Service (RASP), Building 31a, Ulleval
University Hospital, Kirkeveien 166, NO 0407 Oslo, Norway
CORRESP. AUTHOR EMAIL: bryanlask@mac.com

European Eating Disorders Review (Eur. Eating Disord. Rev.) (United
Kingdom) March 1, 2010, 18/2 (116-123)
CODEN: EEDRE ISSN: 1072-4133 eISSN: 1099-0968
DOI: 10.1002/erv.977
URL:
<http://www3.interscience.wiley.com/cgi-bin/fulltext/123276556/PDFSTART>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 46

5/3/25 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083629992 EMBASE/Medline No: 2010140671
Geoepidemiology of autoimmune liver diseases
Invernizzi P.
Division of Internal Medicine, Hepatobiliary Immunopathology Unit, IRCCS
Istituto Clinico Humanitas, Via A. Manzoni 113, 20089 Rozzano, Milan,
Italy; Division of Rheumatology, Allergy and Clinical Immunology,
University of California, Davis, CA 95616, United States
AUTHOR EMAIL: pietro.invernizzi@humanitas.it
CORRESP. AUTHOR/AFFIL: Invernizzi P.: Division of Internal Medicine,
Hepatobiliary Immunopathology Unit, IRCCS Istituto Clinico Humanitas, Via
A. Manzoni 113, 20089 Rozzano, Milan, Italy
CORRESP. AUTHOR EMAIL: pietro.invernizzi@humanitas.it

Journal of Autoimmunity (J. Autoimmun.) (United Kingdom) May 1, 2010,
34/3 (J300-J306)
CODEN: JOAUE ISSN: 0896-8411 eISSN: 1095-9157
PUBLISHER ITEM IDENTIFIER: S0896841109001619
DOI: 10.1016/j.jaut.2009.12.002
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 77

5/3/26 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083387664 EMBASE/Medline No: 2009601977
Arrhythmias and Conduction Defects in Rheumatological Diseases-A
Comprehensive Review
Eisen A.; Arnson Y.; Dovrish Z.; Hadary R.; Amital H.
Department of Medicine D, Meir Medical Center, Kefar-Saba, Israel
AUTHOR EMAIL: howard.amital@clalit.org.il
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CORRESP. AUTHOR EMAIL: howard.amital@clalit.org.il

Seminars in Arthritis and Rheumatism (Semin. Arthritis Rheum.) (United
States) December 1, 2009, 39/3 (145-156)
CODEN: SAHRB ISSN: 0049-0172
PUBLISHER ITEM IDENTIFIER: S0049017208000826
DOI: 10.1016/j.semarthrit.2008.05.001
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 151

5/3/27 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0082842283 EMBASE/Medline No: 2009049987
A Retrospective Single-Center Review of Primary Sclerosing
Cholangitis in Children
Miloh T.; Arnon R.; Shneider B.; Suchy F.; Kerkar N.
Department of Pediatrics, Department of Surgery, Recanati/Miller
Transplant Institute, New York, NY, United States
AUTHOR EMAIL: nanda.kerkar@mountsinai.org
CORRESP. AUTHOR/AFFIL: Kerkar N.: Department of Pediatrics, Department of
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Clinical Gastroenterology and Hepatology (Clin. Gastroenterol. Hepatol.
) (United States) February 1, 2009, 7/2 (239-245)
CODEN: CGHLA ISSN: 1542-3565
PUBLISHER ITEM IDENTIFIER: S1542356508010501
DOI: 10.1016/j.cgh.2008.10.019
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 29

5/3/28 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0082405360 EMBASE/Medline No: 2008247901
Cutaneous vasculitides. A diagnostic approach
Kutane vaskulitiden. Wege zur diagnose
Schakel K.; Meurer M.
Klinik und Poliklinik fur Dermatologie, Universitätsklinikum Carl Gustav
Carus, Technischen Universität Dresden

AUTHOR EMAIL: Michael.Meurer@uniklinikum-dresden.de
CORRESP. AUTHOR/AFFIL: Meurer M.: Klinik und Poliklinik fur Dermatologie,
Universitätsklinikum Carl Gustav Carus, Technischen Universität Dresden,
Fetscherstrasse 74, 01307 Dresden, Germany
CORRESP. AUTHOR EMAIL: Michael.Meurer@uniklinikum-dresden.de

Hautarzt (Hautarzt) (Germany) May 1, 2008, 59/5 (374-381)
CODEN: HAUTA ISSN: 0017-8470
DOI: 10.1007/s00105-008-1546-7
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: German SUMMARY LANGUAGE: English; German
NUMBER OF REFERENCES: 43

5/3/29 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE
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0082190671 EMBASE/Medline No: 2007604526
Skin and collagen vascular diseases
Haut und kollagenosen
Trueb R.M.
Dermatologische Klinik, Universitätsspital Zurich; Dermatologische
Klinik, Universitätsspital Zurich, Gloriastr. 31, 8091 Zurich
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Schweizerische Rundschau fur Medizin - Praxis (Schweiz. Rundsch. Med.
Prax.) (Switzerland) December 5, 2007, 96/49 (1933-1949)
CODEN: SRMPD ISSN: 1013-2058
DOI: 10.1024/1661-8157.96.49.1933
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: German SUMMARY LANGUAGE: English; German; French

5/3/30 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
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0082148656 EMBASE/Medline No: 2007561942
Quantification of antineural antibodies in autoimmune neurological
disorders
Boscolo S.; Tongiorgi E.
BRAIN Centre for Neuroscience, Department of Biology, University of
Trieste, Via Giorgieri 10, 34127 Trieste, Italy
AUTHOR EMAIL: sboscolo@units.it; tongi@units.it
CORRESP. AUTHOR/AFFIL: Boscola S.: BRAIN Centre for Neuroscience,
Department of Biology, University of Trieste, Via Giorgieri 10, 34127
Trieste, Italy
CORRESP. AUTHOR EMAIL: sboscolo@units.it

Expert Review of Clinical Immunology (Expert Rev. Clin. Immunol.) (
United Kingdom) November 1, 2007, 3/6 (949-973)
ISSN: 1744-666X
DOI: 10.1586/1744666X.3.6.949
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 193

5/3/31 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
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0082027457 EMBASE/Medline No: 2007461861
Hashimoto's encephalopathy: Epidemiology, pathogenesis and management
Mocellin R.; Walterfang M.; Velakoulis D.
Neuropsychiatry Unit, Royal Melbourne Hospital, Parkville, Vic.,
Australia; Melbourne Neuropsychiatry Centre, Department of Psychiatry,
University of Melbourne, Parkville, Vic., Australia; Neuropsychiatry
Unit, Royal Melbourne Hospital, John Cade Building, Grattan Street,
Parkville, Vic. 3050, Australia
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CORRESP. AUTHOR/AFFIL: Mocellin R.: Neuropsychiatry Unit, Royal Melbourne
Hospital, John Cade Building, Grattan Street, Parkville, Vic. 3050,
Australia
CORRESP. AUTHOR EMAIL: Ramon.Mocellin@nh.org.au

CNS Drugs (CNS Drugs) (New Zealand) October 3, 2007, 21/10 (799-811)
CODEN: CNDRE ISSN: 1172-7047
DOI: 10.2165/00023210-200721100-00002
URL:
<http://cnsdrugs.adisonline.com/pt/re/cns/pdfhandler.00023210-200721100-00002.pdf;jsessionid=GxKBmQ3slsB2CCHsj3jsbyRlvJpcJgTBvLQvXhVnFXpkLnnRnldK!-1754492629!181195629!8091!-1>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 91

5/3/32 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE
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0081977253 EMBASE/Medline No: 2007411592
Chemokines and skin diseases - Important roles in atopic dermatitis
Saeki H.; Kakinuma T.; Wakugawa M.; Nakamura K.; Kagami S.; Tamaki K.
Department of Dermatology, Faculty of Medicine, University of Tokyo,
Tokyo, Japan; Department of Dermatology, Faculty of Medicine, University
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Current Trends in Immunology (Curr. Trends Immunol.) (India) December
1, 2006, 7/- (61-71)
ISSN: 0972-4567
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 56

5/3/33 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE
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0081811494 EMBASE/Medline No: 2007245558
Serum procalcitonin levels in febrile patients with systemic autoimmune

diseases

Trallero-Araguas E.; Selva-O'Callaghan A.; Vilardell-Tarres M.
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Current Rheumatology Reviews (Curr. Rheumatol. Rev.) (Netherlands) May
1, 2007, 3/2 (103-111)

ISSN: 1573-3971

DOI: 10.2174/157339707780619403

URL:

<http://www.ingentaconnect.com/content/ben/crr/2007/00000003/00000002/art00003>

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 90

5/3/34 (Item 13 from file: 73)

DIALOG(R)File 73:EMBASE

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0081379250 EMBASE/Medline No: 2006442014

Latent autoimmune diabetes in adults

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Insulin (Insulin) (United States) July 1, 2006, 1/3 (122-127)

ISSN: 1557-0843

PUBLISHER ITEM IDENTIFIER: S1557084306800217

DOI: 10.1016/S1557-0843(06)80021-7

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 50

5/3/35 (Item 14 from file: 73)

DIALOG(R)File 73:EMBASE

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0081376272 EMBASE/Medline No: 2006439018

The role of autoantibodies as diagnostic markers of autoimmune hepatitis
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Expert Review of Clinical Immunology (Expert Rev. Clin. Immunol.) (United Kingdom) January 1, 2006, 2/1 (33-48)

ISSN: 1744-666X

DOI: 10.1586/1744666X.2.1.33

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 101

5/3/36 (Item 15 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081270862 EMBASE/Medline No: 2006333160

Expression and function of cytokines and chemokines in neuropsychiatric related systemic lupus erythematosus

Kasama T.; Isozaki T.; Odai T.; Matsunawa M.; Yajima N.

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Current Rheumatology Reviews (Curr. Rheumatol. Rev.) (Netherlands) May 1, 2006, 2/2 (177-185)

ISSN: 1573-3971

DOI: 10.2174/157339706776876080

URL:

<http://www.ingentaconnect.com/content/ben/crr/2006/00000002/00000002/art00008>

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 113

5/3/37 (Item 16 from file: 73)
DIALOG(R)File 73:EMBASE
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0081245685 EMBASE/Medline No: 2006307946

Toward biomarkers in multiple sclerosis: New advances

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Expert Review of Neurotherapeutics (Expert Rev. Neurother.) (United Kingdom) July 19, 2006, 6/5 (781-794)

CODEN: ERNXA ISSN: 1473-7175 eISSN: 1744-8360

DOI: 10.1586/14737175.6.5.781

URL: <http://www.future-drugs.com/doi/pdf/10.1586/14737175.6.5.781>

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 159

5/3/38 (Item 17 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080420765 EMBASE/Medline No: 2005064921
Gene frequencies of the human platelet antigen-3 in different populations.
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Department of Laboratory Medicine, Faculty of Medicine, Chulalongkorn
University, Bangkok, 10330, Thailand
CORRESP. AUTHOR/AFFIL: Wiwanitkit V.: Department of Laboratory Medicine,
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Clinical and Applied Thrombosis/Hemostasis (Clin. Appl. Thromb. Hemost.
) (United States) January 1, 2005, 11/1 (89-93)
CODEN: CATHF ISSN: 1076-0296
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 20

5/3/39 (Item 18 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080258900 EMBASE/Medline No: 2004438136
Autoimmune hepatitis in children
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Current Gastroenterology Reports (Curr. Gastroenterol. Rep.) (United
Kingdom) June 1, 2004, 6/3 (225-230)
CODEN: CGRUA ISSN: 1522-8037
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 50

5/3/40 (Item 19 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080130578 EMBASE/Medline No: 2004313813
Laboratory testing in autoimmune rheumatic diseases
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Best Practice and Research in Clinical Rheumatology (Best Pract. Res. Clin. Rheumatol.) (United Kingdom) June 1, 2004, 18/3 (249-269)

CODEN: BPRCC ISSN: 1521-6942

PUBLISHER ITEM IDENTIFIER: S1521694204000488

DOI: 10.1016/j.berh.2004.03.007

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 65

5/3/41 (Item 20 from file: 73)

DIALOG(R)File 73:EMBASE

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0079768081 EMBASE/Medline No: 2003478361

Dosage and characterization of circulating DNA: Present usage and possible applications in systemic autoimmune disorders

Galeazzi M.; Morozzi G.; Piccini M.; Chen J.; Bellisai F.; Fineschi S.; Marcolongo R.

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Autoimmunity Reviews (Autoimmun. Rev.) (Netherlands) January 1, 2003, 2/1 (50-55)

CODEN: ARUEB ISSN: 1568-9972

PUBLISHER ITEM IDENTIFIER: S1568997202001015

DOI: 10.1016/S1568-9972(02)00101-5

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 40

5/3/42 (Item 21 from file: 73)

DIALOG(R)File 73:EMBASE

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0079692604 EMBASE/Medline No: 2003401778

Autoimmunity and hepatitis C

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Autoimmunity Reviews (Autoimmun. Rev.) (Netherlands) October 1, 2003, 2/6 (322-331)

CODEN: ARUEB ISSN: 1568-9972

DOI: 10.1016/S1568-9972(03)00036-3

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 33

5/3/43 (Item 22 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079445750 EMBASE/Medline No: 2003150637
Anti-cyclic citrullinated peptide antibodies as a diagnostic test for
rheumatoid arthritis
Orbach H.; Shoenfeld Y.
Department of Internal Medicine, Rheumatology Unit, Bikur Cholim
Hospital, Jerusalem, Israel
CORRESP. AUTHOR/AFFIL: Orbach H.: Department of Internal Medicine,
Rheumatology Unit, Bikur Cholim Hospital, Jerusalem, Israel

Harefuah (Harefuah) (Israel) March 1, 2003, 142/3 (182-185+239)
CODEN: HAREA ISSN: 0017-7768
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: Hebrew SUMMARY LANGUAGE: English; Hebrew
NUMBER OF REFERENCES: 34

5/3/44 (Item 23 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079173867 EMBASE/Medline No: 2002337635
Autoimmune premature ovarian failure
Bukulmez O.; Arici A.
Division of Reproductive Endocrinology and Infertility, Department of
Obstetrics and Gynecology, Hacettepe University School of Medicine,
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Immunology and Allergy Clinics of North America (Immunol. Allergy Clin.
North Am.) (United States) August 1, 2002, 22/3 (455-470)
CODEN: INCAE ISSN: 0889-8561
PUBLISHER ITEM IDENTIFIER: S088985610200019X
DOI: 10.1016/S0889-8561(02)00019-X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 89

5/3/45 (Item 24 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079133366 EMBASE/Medline No: 2002297134
Genetics of multiple sclerosis: Determinants of autoimmunity and
neurodegeneration
Kalman B.; Albert R.H.; Leist T.P.
Department of Neurology, MS423, MCP Hahnemann University, 245N 15th
Street, Philadelphia, PA 19102, United States
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Autoimmunity (Autoimmunity) (United Kingdom) August 31, 2002, 35/4
(225-234)
CODEN: AUIME ISSN: 0891-6934
DOI: 10.1080/08916930290005611
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 89

5/3/46 (Item 25 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078952717 EMBASE/Medline No: 2002116411
Autoantibody systems in rheumatoid arthritis: Specificity, sensitivity
and diagnostic value
van Boekel M.A.M.; Vossenaar E.R.; van den Hoogen F.H.J.; van Venrooij
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Arthritis Research (Arthritis Res.) (United Kingdom) April 10, 2002,
4/2 (87-93)
CODEN: ARREC ISSN: 1465-9905
DOI: 10.1186/ar395
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 72

5/3/47 (Item 26 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078884090 EMBASE/Medline No: 2002047742
Prognostic use of human leukocyte antigen genotyping for rheumatoid
arthritis susceptibility, disease course, and clinical stratification
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Institute for Transplantation Diagnostics and Cell Therapeutics,
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Rheumatic Disease Clinics of North America (Rheum. Dis. Clin. North Am.
) (United States) February 13, 2002, 28/1 (17-37)
CODEN: RDCAE ISSN: 0889-857X
DOI: 10.1016/S0889-857X(03)00067-X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 98

5/3/48 (Item 27 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078815775 EMBASE/Medline No: 2001422169
Autoimmune type 1 diabetes: Resolved and unresolved issues
Notkins A.L.; Lernmark A.
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Journal of Clinical Investigation (J. Clin. Invest.) (United States)
December 15, 2001, 108/9 (1247-1252)
CODEN: JCINA ISSN: 0021-9738
DOI: 10.1172/JCI200114257
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 45

5/3/49 (Item 28 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078544525 EMBASE/Medline No: 2001150662
Recurrent autoimmune hepatitis after liver transplantation: Diagnostic
criteria, risk factors, and outcome
Hubscher S.G.
Department of Pathology, University of Birmingham, Birmingham, United
Kingdom
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of Birmingham, Birmingham B15 2TT, United Kingdom
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Liver Transplantation (Liver Transplant.) (United States) May 3, 2001
, 7/4 (285-291)
CODEN: LITRF ISSN: 1527-6465
DOI: 10.1053/jlts.2001.23085
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 58

5/3/50 (Item 29 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078407558 EMBASE/Medline No: 2001013369
"Multiple sclerosis plus": Frontiers between multiple sclerosis and a new
nosological entity
<<Scle<<rose en plaques plus>>: Les leucoence>>phalopathies aux
frontie>>res de la me>>decine interne
Pelletier J.; Ali Cherif A.
Service De Neurologie, Hopital De La Timone, CHU, 264, rue Saint-Pierre,
13385 Marseille cedex 5, France; Laboratoire De Neurophysiologie Et
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Revue de Medecine Interne (Rev. Med. Interne) (France) December 1,
2000, 21/12 (1104-1113)
CODEN: RMEID ISSN: 0248-8663
DOI: 10.1016/S0248-8663(00)00270-8
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 76

5/3/51 (Item 30 from file: 73)
DIALOG(R)File 73:EMBASE
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0077288959 EMBASE/Medline No: 1998199119
Kikuchi-Fujimoto's disease associated with mixed connective tissue
disease: Case report
Doenca de Kikuchi-Fujimoto associada a doenca mista do tecido conjuntivo:
Relato de caso
Sella E.M.C.; Caleiro M.T.C.; Neto E.F.B.; De Menezes Y.
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Revista Brasileira de Reumatologia (Rev. Bras. Reumatol.) (Brazil)
July 15, 1998, 38/2 (99-102)
CODEN: RBREB ISSN: 0482-5004
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: Portuguese SUMMARY LANGUAGE: English; Portuguese
NUMBER OF REFERENCES: 14

5/3/52 (Item 31 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0076967099 EMBASE/Medline No: 1997260260
Adult onset still's disease
La maladie de still
Vignes S.; Wechsler B.; Piette J.C.
Service de Medecine Interne, Hopital Saint-Louis, 1, avenue
Claude-Vellefaux, 75010 Paris, France
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Revue de Medecine Interne (REV. MED. INTERNE) (France) August 1, 1997
, 18/8 (626-637)
CODEN: RMEID ISSN: 0248-8663
DOI: 10.1016/S0248-8663(97)82464-2
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 114

5/3/53 (Item 32 from file: 73)
DIALOG(R)File 73:EMBASE
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0076898579 EMBASE/Medline No: 1997191696

Autoimmune liver disease

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Current Opinion in Gastroenterology (CURR. OPIN. GASTROENTEROL.) (United States) July 11, 1997, 13/3 (248-256)

CODEN: COGAE ISSN: 0267-1379

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 18

5/3/54 (Item 33 from file: 73)

DIALOG(R)File 73:EMBASE

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0076754643 EMBASE/Medline No: 1997047601

Assays for antibodies to glutamate decarboxylase

Albertini M.C.; Vasta M.; Sudano M.; Galli F.; Stocchi O.; Canestrari F.; Bossu M.

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European Journal of Laboratory Medicine (EUR. J. LAB. MED.) (Italy) December 1, 1996, 4/1 (11-16)

CODEN: EJMME ISSN: 1122-8652

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 39

5/3/55 (Item 34 from file: 73)

DIALOG(R)File 73:EMBASE

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0076375385 EMBASE/Medline No: 1996030470

Biochemical and quantitative liver function tests in diagnosis and prognosis of liver diseases

KLINISCH-CHEMISCHE LABORPARAMETER, SEROLOGISCHE UNTERSUCHUNGEN UND QUANTITATIVE LEBERFUNKTIONSTESTS IN DIAGNOSE UND PROGNOSE VON LEBERERKRANKUNGEN

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Verdauungskrankheiten (VERDAUUNGSKRANKHEITEN) (Germany) December 1, 1995, 13/6 (238-247)

CODEN: VERDE ISSN: 0174-738X

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: German SUMMARY LANGUAGE: German; English

5/3/56 (Item 35 from file: 73)

DIALOG(R)File 73:EMBASE

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0076258045 EMBASE/Medline No: 1995306225

Sclerosing cholangitis

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Current Opinion in Gastroenterology (CURR. OPIN. GASTROENTEROL.) (United Kingdom) October 24, 1995, 11/5 (452-456)

CODEN: COGAE ISSN: 0267-1379

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

5/3/57 (Item 36 from file: 73)

DIALOG(R)File 73:EMBASE

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0074124023 EMBASE/Medline No: 1990018022

Macroenzymes: Biochemical characterization, clinical significance, and laboratory detection

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Clinical Chemistry (CLIN. CHEM.) (United States) December 1, 1989, 35/12 (2261-2270)

CODEN: CLCHA ISSN: 0009-9147

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

5/3/58 (Item 37 from file: 73)

DIALOG(R)File 73:EMBASE

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0074095093 EMBASE/Medline No: 1989275596

Immunological aspects of diabetes mellitus: prospects for pharmacological modification

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Pharmacology and Therapeutics (PHARMACOL. THER.) (United Kingdom)

December 9, 1989, 44/3 (351-406)

CODEN: PHTHD ISSN: 0163-7258

DOI: 10.1016/0163-7258(89)90008-9

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

5/3/59 (Item 38 from file: 73)

DIALOG(R)File 73:EMBASE

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0073677900 EMBASE/Medline No: 1988138793

Autoantibodies

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Rheumatic Disease Clinics of North America (RHEUM. DIS. CLIN. NORTH AM.
) (United States) June 29, 1988, 14/1 (43-56)

CODEN: RDCAE ISSN: 0889-857X

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

5/3/60 (Item 39 from file: 73)

DIALOG(R)File 73:EMBASE

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0069877171 EMBASE/Medline No: 19305377

Management of autoimmune liver disease.

Maggs J.; Cullen S.

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CORRESP. AUTHOR/AFFIL: Maggs J.: Buckinghamshire Hospitals NHS Trust,
High Wycombe, Bucks, UK.

Minerva gastroenterologica e dietologica (Minerva Gastroenterol Dietol)
(Italy) June 1, 2009, 55/2 (173-206)

ISSN: 1121-421X

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 280

5/3/61 (Item 40 from file: 73)

DIALOG(R)File 73:EMBASE

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0069513813 EMBASE/Medline No: 18159905

Bullous Pemphigoid: Physiopathology, Clinical Features and Management

ISSUE TITLE: Advances in Dermatology

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Advances in Dermatology (Adv. Dermatol.) (United States) December 1,
2007, 23/- (257-288)

ISSN: 0882-0880

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DOI: 10.1016/j.yadr.2007.07.013

DOCUMENT TYPE: Book Series; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 164

5/3/62 (Item 41 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069350996 EMBASE/Medline No: 17332090
Autoimmune diseases and Sjogren's syndrome: an autoimmune exocrinopathy.
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Annals of the New York Academy of Sciences (Ann. N. Y. Acad. Sci.) (United States) March 1, 2007, 1098/- (15-21)
ISSN: 0077-8923
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 34

5/3/63 (Item 42 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069181248 EMBASE/Medline No: 16651702
Antibodies to citrullinated proteins in rheumatoid arthritis
Matsui T.
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Hospital Organization.
CORRESP. AUTHOR/AFFIL: Matsui T.: Department of Rheumatology, Sagamihara
National Hospital, National Hospital Organization.

Nihon Rinsho Men'eki Gakkai kaishi = Japanese journal of clinical
immunology (Nihon Rinsho Meneki Gakkai Kaishi) (Japan) April 1, 2006,
29/2 (49-56)
ISSN: 0911-4300
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Japanese
NUMBER OF REFERENCES: 56

5/3/64 (Item 43 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069103435 EMBASE/Medline No: 16298911
Biomarkers for diagnosing and monitoring autoimmune diseases.
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Focus Diagnostics, Inc., Cypress, CA 90630, USA.
CORRESP. AUTHOR/AFFIL: Prince H.E.: Focus Diagnostics, Inc., Cypress, CA
90630, USA.
CORRESP. AUTHOR EMAIL: hprince@focusdx.com

Biomarkers : biochemical indicators of exposure, response, and
susceptibility to chemicals (Biomarkers) (United Kingdom) November 1,
2005, 10 Suppl 1/- (S44-49)

ISSN: 1354-750X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 22

5/3/65 (Item 44 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0068911227 EMBASE/Medline No: 15561694
Congenital and acquired thrombocytopenia.
Cines D.B.; Busset J.B.; McMillan R.B.; Zehnder J.L.
CORRESP. AUTHOR/AFFIL: Cines D.B.

Hematology / the Education Program of the American Society of Hematology.
American Society of Hematology. Education Program (Hematology Am Soc
Hematol Educ Program) (United States) December 1, 2004, (390-406)
ISSN: 1520-4391
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 58

5/3/66 (Item 45 from file: 73)
DIALOG(R)File 73:EMBASE
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0068711806 EMBASE/Medline No: 12806026
Soluble HLA class I molecules/CD8 ligation trigger apoptosis of CD8+
cells by Fas/Fas-ligand interaction.
Puppo F.; Contini P.; Ghio M.; Indiveri F.
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TheScientificWorldJournal (ScientificWorldJournal) (United States)
February 12, 2002, 2/- (421-423)
eISSN: 1537-744X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 25

5/3/67 (Item 46 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0068181791 EMBASE/Medline No: 11713016
Laboratory support for the diagnosis of auto-immune thyroid diseases
Exploration de l'auto-immunité thyroïdienne: Apport du laboratoire
D'Herbomez M.; Wemeau J.-L.
Service de Médecine Nucléaire, Hôpital Salengro, CHRU, 59037 Lille Cedex,
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Annales de Biologie Clinique (Ann. Biol. Clin.) (France) November 19,
2001, 59/6 (717-723)
CODEN: ABCLA ISSN: 0003-3898
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 30

5/3/68 (Item 47 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0068125365 EMBASE/Medline No: 10981329
Usefulness of autoantibodies in the study of autoimmune liver diseases
and prevalence of autoimmune extrahepatic manifestations
Utilidad de los autoanticuerpos en el estudio de las enfermedades
hepaticas autoinmunes y prevalencia de manifestaciones extrahepaticas
autoinmunes.
Montes Santiago J.; Gambon Deza F.; Garcia Garcia M.J.; Gonzalez Vazquez
L.; Hermo Brion J.A.; Perez Alvarez R.
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Anales de medicina interna (Madrid, Spain : 1984) (An Med Interna) (Spain)
July 1, 2000, 17/7 (343-346)
ISSN: 0212-7199
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Spanish

5/3/69 (Item 48 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067533379 EMBASE/Medline No: 8811638
Autoimmunity in hepatitis C and D virus infection.
Strassburg C.P.; Obermayer-Straub P.; Manns M.P.
Department of Gastroenterology, Zentrum Innere Medizin, Medizinische
Hochschule Hannover, Germany.
CORRESP. AUTHOR/AFFIL: Strassburg C.P.: Department of Gastroenterology,
Zentrum Innere Medizin, Medizinische Hochschule Hannover, Germany.

Journal of viral hepatitis (J. Viral Hepat.) (United Kingdom) March 1,
1996, 3/2 (49-59)
ISSN: 1352-0504
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 97

5/3/70 (Item 49 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067456234 EMBASE/Medline No: 8569034

Recent progress in diagnoses of diabetes and its complications
Matsuyama T.
Laboratory of Clinical Chemistry, National Cardiovascular Center
Hospital, Suita.
CORRESP. AUTHOR/AFFIL: Matsuyama T.: Laboratory of Clinical Chemistry,
National Cardiovascular Center Hospital, Suita.

Rinsho byori. The Japanese journal of clinical pathology (Rinsho Byori)
(Japan) December 1, 1995, 43/12 (1235-1240)
ISSN: 0047-1860
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Japanese
NUMBER OF REFERENCES: 16

5/3/71 (Item 50 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067015422 EMBASE/Medline No: 1285474
Experimental and clinical islets transplantation. Current status
Experimentelle und klinische Inseltransplantation. Gegenwartiger Stand.
Federlin K.F.; Bretzel R.G.; Hering B.J.
III. Medizinische Klinik und Poliklinik, Justus-Liebig-Universität
Giessen.
CORRESP. AUTHOR/AFFIL: Federlin K.F.: III. Medizinische Klinik und
Poliklinik, Justus-Liebig-Universität Giessen.

Zentralblatt für Chirurgie (Zentralbl Chir) (Germany) December 1, 1992
, 117/12 (670-676)
ISSN: 0044-409X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: German
NUMBER OF REFERENCES: 18

5/3/72 (Item 51 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0066984078 EMBASE/Medline No: 1525846
Management of early inflammatory arthritis. Intervention with
immunomodulatory agents: monoclonal antibody therapy.
Burmester G.R.; Horneff G.; Emmrich F.
CORRESP. AUTHOR/AFFIL: Burmester G.R.

Bailliere's clinical rheumatology (Baillieres Clin Rheumatol) (United
Kingdom) June 1, 1992, 6/2 (415-434)
ISSN: 0950-3579
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 68

5/3/73 (Item 52 from file: 73)
DIALOG(R)File 73:EMBASE
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0066934062 EMBASE/Medline No: 1813024

Network theory of glycosylation--etiologic and pathogenic implications of changes in IgG glycoform levels in autoimmunity.

Rademacher T.W.

Department of Biochemistry, University of Oxford, UK.

CORRESP. AUTHOR/AFFIL: Rademacher T.W.: Department of Biochemistry, University of Oxford, UK.

Seminars in cell biology (Semin. Cell Biol.) (United States) October 1, 1991, 2/5 (327-337)

ISSN: 1043-4682

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 74

5/3/74 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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17199401 PMID: 16651702

[Antibodies to citrullinated proteins in rheumatoid arthritis]

Matsui Toshihiro

Department of Rheumatology, Sagamihara National Hospital, National Hospital Organization.

Nihon Rinsho Men'eki Gakkai kaishi = Japanese journal of clinical immunology (Japan) Apr 2006, 29 (2) p49-56, ISSN 0911-4300--Print 0911-4300--Linking Journal Code: 9505992

Publishing Model Print

Document type: English Abstract; Journal Article; Review

Languages: JAPANESE

Main Citation Owner: NLM

Record type: MEDLINE; Completed

5/3/75 (Item 2 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

13895812 PMID: 10981329

[Usefulness of autoantibodies in the study of autoimmune liver diseases. and prevalence of autoimmune extrahepatic manifestations]

Utilidad de los autoanticuerpos en el estudio de las enfermedades hepáticas autoinmunes y prevalencia de manifestaciones extrahepáticas autoinmunes.

Montes Santiago J; Gambon Deza F; Garcia Garcia M J; Gonzalez Vazquez L; Hermo Brion J A; Perez Alvarez R

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Anales de medicina interna (Madrid, Spain - 1984) (SPAIN) Jul 2000, 17

(7) p343-6, ISSN 0212-7199--Print 0212-7199--Linking Journal Code: 9112183

Publishing Model Print

Document type: English Abstract; Journal Article

Languages: SPANISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

? t s5/7/16,18,37,40,45,48,64

5/7/16 (Item 16 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

16675059 BIOSIS NO.: 200200268570
Testing for autoimmunity in humans
AUTHOR: D'Cruz David (Reprint)
AUTHOR ADDRESS: The Lupus Research Unit, St. Thomas' Hospital, London, SE1
7EH, UK**UK
JOURNAL: Toxicology Letters (Shannon) 127 (1-3): p93-100 February 27th,
2002 2002
MEDIUM: print
ISSN: 0378-4274
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: A number of the autoimmune rheumatic diseases are associated with environmental factors, drugs and chemicals. The often non-specific presentation of these diseases makes early diagnosis ***difficult***. The availability of serological ***markers*** such as autoantibodies improves diagnostic ability when taken in context with the presenting clinical features. This ***review*** focuses on some of the major autoimmune rheumatic diseases and their associated autoantibody ***markers***.

5/7/18 (Item 18 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13776402 BIOSIS NO.: 199799410462
Autoantibodies: Diagnostic fingerprints and etiologic perplexities
AUTHOR: Fritzler Marvin J
AUTHOR ADDRESS: Fac. Med., Univ. Calgary, 3330 Hospital Dr. NW, Calgary, AB
T2N 4N1, Canada**Canada
JOURNAL: Clinical and Investigative Medicine 20 (1): p50-66 1997 1997
ISSN: 0147-958X
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Autoantibodies are a hallmark of systemic rheumatic diseases, organ-specific ***autoimmune*** diseases and paraneoplastic syndromes. Cell biologists have used autoantibodies as probes to define the structure and function of novel macromolecules and to determine the chromosomal location of their respective genes. The observation that many autoantibodies appear before the clinical expression of disease suggests that they are not epiphenomena. Some autoantibodies are disease-specific ***markers*** and are an aid to establishing a ***diagnosis***. Although it has been difficult to link autoantibodies to pathogenesis, they can be used to ***predict*** disease progression and outcome. For example, autoantibodies directed against topoisomerase I are associated with progression of scleroderma to diffuse skin involvement and severe systemic disease, whereas antibodies to centromere proteins predict a more slowly progressive disease and development of a limited variant of scleroderma. Certain models of autoantibody production hold promise of a clearer understanding of the mechanisms that underlie ***autoimmunity***. Drugs such as procainamide and hydralazine induce the production of chromatin autoantibodies. Exposure to heavy metals (e.g., mercury) is also linked to the development of autoantibodies. The data provide evidence that the autoimmune response is driven by autoantigens,

which are multimolecular complexes involved in essential cellular functions.

5/7/37 (Item 16 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081245685 EMBASE/Medline No: 2006307946
Toward biomarkers in multiple sclerosis: New advances
Lolli F.; Rovero P.; Chelli M.; Papini A.M.
Laboratorio Interdipartimentale di Chimica and Biologia dei Peptidi and Proteine, Polo Scientifico e Tecnologico, Universita degli Studi di Firenze, via Ugo Schiff 6, I-50019 Sesto Fiorentino, Italy; Dipartimento di Scienze Neurologiche e Psichiatriche, viale Morgagni 85, I-50134 Firenze, Italy; Universita degli Studi di Firenze, Laboratorio Interdipartimentale di Chimica and Biologia dei Peptidi and Proteine, Polo Scientifico, via Ugo Schiff 6, I-50019 Sesto Fiorentino, Italy
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Expert Review of Neurotherapeutics (Expert Rev. Neurother.) (United Kingdom) July 19, 2006, 6/5 (781-794)
CODEN: ERNXA ISSN: 1473-7175 eISSN: 1744-8360
DOI: 10.1586/14737175.6.5.781
URL: <http://www.future-drugs.com/doi/pdf/10.1586/14737175.6.5.781>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 159

Multiple sclerosis is an autoimmune disease that commonly affects young adults. If initially characterized by acute relapses, it is later followed by only incomplete remission. Over years, progressive disability and irreversible deficit lead to chronic neurological deficits in the majority of patients. The clinical course is protracted and unpredictable, and no biological marker is useful in
predicting the evolution of autoaggression and disability. It is difficult to diagnose and to monitor disease progression after the initial symptoms or even during the major clinical manifestations, and it is ***difficult*** to treat. In this ***review***, the authors report recent advances in the field, focusing on the search of new antigens as a marker of the disease, in their relevance to the pathophysiology and
diagnosis of the disease. (c) 2006 Future Drugs Ltd.

5/7/40 (Item 19 from file: 73)
DIALOG(R)File 73:EMBASE
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0080130578 EMBASE/Medline No: 2004313813
Laboratory testing in autoimmune rheumatic diseases
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Best Practice and Research in Clinical Rheumatology (Best Pract. Res.
Clin. Rheumatol.) (United Kingdom) June 1, 2004, 18/3 (249-269)
CODEN: BPRCC ISSN: 1521-6942
PUBLISHER ITEM IDENTIFIER: S1521694204000488
DOI: 10.1016/j.berh.2004.03.007
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 65

There are a number of pathological conditions in which tissue damage occurs in association with immune activation directed against components of normal tissue. The initial damaging events usually involve cells of the immune system, the T-cells, but the cell damage releases antigens that become targets for an antibody response. The detection and quantification of autoantibodies has become an important component in the diagnosis and management of autoimmune rheumatic diseases such as rheumatoid arthritis, systemic lupus erythematosus, the systemic vasculitides and systemic sclerosis. Each of these diseases is associated with a particular autoantibody or group of autoantibodies. They are usually detected by their reaction against tissue components using subjective methods such as indirect immunofluorescence. Any positive samples are further analysed using more specific and quantitative methods for the 'quantification' of the specific autoantibody concentration. It is important that these autoantibodies are not considered to be 'gold standard' tests: they are no more than ***markers*** of the disease with significant ***limitations***. They are best used as part of a diagnostic panel rather than as a ***marker*** indicating one particular disease. Techniques are gradually improving, giving numerical results rather than titres, but a lack of standardization makes these results extremely variable. Many of the ***markers*** show no ***correlation*** with disease activity. Their use should be restricted to the initial investigation and not repeated every time the patient is followed up. Other ***markers*** do, however, correlate with disease activity and can be used to monitor disease. When investigating patients who have symptoms associated with autoimmune rheumatic diseases, analytes such as immunoglobulins, complement components and C-reactive protein may all be measured. (c) 2004 Elsevier Ltd. All right reserved.

5/7/45 (Item 24 from file: 73)
DIALOG(R) File 73: EMBASE
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0079133366 EMBASE/Medline No: 2002297134
Genetics of multiple sclerosis: Determinants of autoimmunity and neurodegeneration
Kalman B.; Albert R.H.; Leist T.P.
Department of Neurology, MS423, MCP Hahnemann University, 245N 15th Street, Philadelphia, PA 19102, United States
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Autoimmunity (Autoimmunity) (United Kingdom) August 31, 2002, 35/4 (225-234)
CODEN: AUIME ISSN: 0891-6934
DOI: 10.1080/08916930290005611

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 89

Since the first description of multiple sclerosis (MS) as an inheritable disease by Eichhorst accumulating epidemiological observations support a genetic hypothesis. Population, family and twin studies have revealed that Mendelian transmission of a single susceptibility gene would not be compatible with the observed patterns of inheritance. Like most other common diseases, MS is a complex trait, defined by several genes, each probably exerting a relatively small effect. Complex interactions among susceptibility genes and the environment are believed to contribute to a predisposition to dysregulation of inflammatory pathways, demyelination and tissue degeneration in the central nervous system (CNS). Natural history and pathological studies, however, define that MS represents a spectrum rather than a single entity of inflammatory demyelination. Despite a growing need for identifying molecular markers of biological subtypes of MS, only limited information is available for genotype-phenotype

correlations. Four full genome scans using polymorphic microsatellite markers in nuclear and multiplex MS families indicated several chromosomal regions of susceptibility. With the recently discovered, highly abundant single nucleotide polymorphisms (SNPs) and family-based association methods, the means are now available to confine these relatively large regions of interest to candidate genes and susceptibility alleles. The currently available SNP maps favor indirect association studies based on linkage disequilibrium between marker and disease alleles. Here, we ***review*** available genetic data in MS, and introduce an additional strategy which correlate genetic markers with major biological components of the disease such as autoimmunity and neurodegeneration. This approach may yield important insights with utility in clinical practice.

5/7/48 (Item 27 from file: 73)
DIALOG(R)File 73:EMBASE
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0078815775 EMBASE/Medline No: 2001422169
Autoimmune type 1 diabetes: Resolved and unresolved issues
Notkins A.L.; Lernmark A.
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Journal of Clinical Investigation (J. Clin. Invest.) (United States)
December 15, 2001, 108/9 (1247-1252)
CODEN: JCINA ISSN: 0021-9738
DOI: 10.1172/JCI200114257
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 45

Based on the presence of autoantibodies and a strong HLA linkage, type 1 diabetes is now classified as a chronic ***autoimmune*** disease. Many issues, however, remain unresolved. Although autoantibodies to GAD65, IA-2, and insulin are clearly markers for this disease, it is not known whether they contribute to pathogenesis or are simply the response to an existing underlying destructive process. Based on extensive studies in animal models, it is thought that it is the cell-mediated immune response

that is actually responsible for the destruction of beta cells. However, this has not been unequivocally established in humans because of the lack of a reliable assay for measuring cell-mediated immunity to beta cell antigens. What triggers the ***autoimmune*** response also is not known. The search for type 1 diabetes -specific genes so far has not been revealing, and environmental triggers, although widely viewed as important, have remained elusive. Despite enormous interest in the basis of the disease, type 1 diabetes pathogenesis remains understudied because of the ***difficulty*** and hazards in biopsying the pancreas. Nevertheless, the studies on autoimmunity have provided clinically useful information. In particular, the demonstration of the presence of autoantibodies years before the onset of clinical symptoms has made it possible to identify individuals at high risk of developing type 1 diabetes and to initiate therapeutic intervention trials on relatively small numbers of subjects. Thus, to a very large degree, type 1 diabetes is a predictable disease. In addition, the demonstration of autoantibodies in 5-10% of individuals who were classified with type 2 diabetes suggests either that some of these individuals have a combination of type 1 and type 2 diabetes or that the number of patients with type 1 diabetes may be nearly twice as great as previously thought.

5/7/64 (Item 43 from file: 73)
DIALOG(R)File 73:EMBASE
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0069103435 EMBASE/Medline No: 16298911
Biomarkers for diagnosing and monitoring autoimmune diseases.
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Focus Diagnostics, Inc., Cypress, CA 90630, USA.
CORRESP. AUTHOR/AFFIL: Prince H.E.: Focus Diagnostics, Inc., Cypress, CA 90630, USA.
CORRESP. AUTHOR EMAIL: hprince@focusdx.com

Biomarkers : biochemical indicators of exposure, response, and susceptibility to chemicals (Biomarkers) (United Kingdom) November 1, 2005, 10 Suppl 1/- (S44-49)
ISSN: 1354-750X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 22

The goal of studies of autoimmune disease biomarkers is to identify markers that fluctuate with disease development and severity, but then normalize following successful therapy. The perfect ***marker*** could thus serve as a diagnostic tool, as well as a monitoring device for therapeutic drug efficacy. Current biomarker discovery efforts are focused on three groups of proteins reflective of the autoimmune disease process: (1) degradation products arising from destruction of affected tissues, (2) enzymes that play a role in tissue degradation and (3) cytokines and other proteins associated with immune activation. Potential biomarkers for two autoimmune diseases, rheumatoid arthritis and multiple sclerosis, have been described in recent publications. For rheumatoid arthritis, these markers (by group) include (1) aggrecan fragments, C-propeptide of type II collagen and cartilage oligomeric matrix protein, (2) matrix metalloprotease (MMP)-1, MMP-3 and MMP-1/inhibitor complexes and (3) thioredoxin, IL-16 and tumour necrosis factor (TNF)-alpha. For multiple sclerosis, they include (1) neurofilament light protein and glial fibrillary acidic protein, (2) MMP-2 and MMP-9 and (3) TNF-alpha and soluble vascular adhesion molecule-1. The utility of most of

these markers is limited by their restriction to relatively inaccessible anatomic sites (synovial or cerebrospinal fluid). Thus, from a practical standpoint, the most useful autoimmune biomarkers will be those measurable in serum or plasma.

? s (infect\$ or infectious? or diptheria or tetanus or hepatitis or influenza) (30n) (marker?) (30n) (predict? or correlat? or diagnos?) (30n) (lack? or limit? or difficult? or unpredict?)

Processing

```
      0  INFECT$
    653271  INFECTIOUS?
      733  DIPHTHERIA
    71192  TETANUS
    561300  HEPATITIS
    192634  INFLUENZA
    1454499  MARKER?
    2125760  PREDICT?
    3275488  CORRELAT?
    8131610  DIAGNOS?
    1183314  LACK?
    2289105  LIMIT?
    906953  DIFFICULT?
    36678  UNPREDICT?
S6      909  (INFECT$ OR INFECTIOUS? OR DIPHTHERIA OR TETANUS OR
              HEPATITIS OR INFLUENZA) (30N) (MARKER?) (30N) (PREDICT? OR
              CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT?
              OR UNPREDICT?)
? s s6 and (review? or overview?)
      909  S6
    6419516  REVIEW?
    203449  OVERVIEW?
S7      157  S6 AND (REVIEW? OR OVERVIEW?)
? rd s7
S8      107  RD S7 (unique items)
? t s8/3/all
```

8/3/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0021462331 BIOSIS NO.: 201000141354
The underlying mechanisms for the 'anti-HBc alone' serological profile
AUTHOR: Ponde R A A (Reprint); Cardoso D D P; Ferro M O
AUTHOR ADDRESS: Rua 7A Edificio RIOL 158,1 Andar,Sala 101, BR-74075030
Goiania, Go, Brazil**Brazil
AUTHOR E-MAIL ADDRESS: roberioponde@uol.com.br
JOURNAL: Archives of Virology 155 (2): p149-158 FEB 2010 2010
ITEM IDENTIFIER: doi:10.1007/s00705-009-0559-6
ISSN: 0304-8608_(print) 1432-8798_(electronic)
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0021224990 BIOSIS NO.: 200900566427
Protein-binding microarrays: probing disease markers at the interface of
proteomics and genomics
AUTHOR: Kerschgens Jan; Egener-Kuhn Tanja; Mermod Nicolas (Reprint)

AUTHOR ADDRESS: Univ Lausanne, Inst Biotechnol, CH-1015 Lausanne,
Switzerland**Switzerland
AUTHOR E-MAIL ADDRESS: nicolas.mermod@unil.ch
JOURNAL: Trends in Molecular Medicine 15 (8): p352-358 AUG 2009 2009
ITEM IDENTIFIER: doi:10.1016/j.molmed.2009.06.004
ISSN: 1471-4914
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0021182101 BIOSIS NO.: 200900523538
Nodal marginal zone lymphoma: current knowledge and future directions of an
heterogeneous disease
AUTHOR: Arcaini Luca (Reprint); Lucioni Marco; Boveri Emanuela; Paulli
Marco
AUTHOR ADDRESS: Univ Pavia, Policlin San Matteo, Fdn IRCCS, Div Hematol,
Viale C Golgi 19, I-27100 Pavia, Italy**Italy
AUTHOR E-MAIL ADDRESS: luca.arcaini@unipv.it
JOURNAL: European Journal of Haematology 83 (3): p165-174 SEP 2009 2009
ITEM IDENTIFIER: doi:10.1111/j.1600-0609.2009.01301.x
ISSN: 0902-4441
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0020592927 BIOSIS NO.: 200800639866
The role of procalcitonin in febrile neutropenic patients: Review of
the literature
AUTHOR: Sakr Y; Sponhoz C; Tuche F; Brunkhorst F; Reinhart K (Reprint)
AUTHOR ADDRESS: Univ Jena, Dept Anaesthesiol and Intens Care, Erlanger
Allee 103, D-07743 Jena, Germany**Germany
AUTHOR E-MAIL ADDRESS: konrad.reinhart@med.uni-jena.de
JOURNAL: Infection 36 (5): p396-407 OCT 2008 2008
ITEM IDENTIFIER: doi:10.1007/s15010-008-7374-Y
ISSN: 0300-8126
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0020368564 BIOSIS NO.: 200800415503
Assessment of hepatitis B prior to initiation of chemotherapy in an
oncology population at an urban teaching hospital
AUTHOR: Sharma Nalini K; Alex Biju K; Sloane Dana; Shah Hiral; Banish Raman
; Sherker Averell H
JOURNAL: Gastroenterology 134 (4, Suppl. 1): pA624 APR 2008 2008
CONFERENCE/MEETING: Digestive Disease Week Meeting/109th Annual Meeting of

the American-Gastroenterological-Association San Diego, CA, USA May 17
-22, 2008; 20080517
SPONSOR: Amer Gastroenterol Assoc
ISSN: 0016-5085
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

8/3/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0019709328 BIOSIS NO.: 200700369069
The Brugada syndrome
AUTHOR: Rossenbacker Tom; Priori Silvia G (Reprint)
AUTHOR ADDRESS: Univ Pavia, Maugeri Fdn, IRCCS, Via Maugeri 10-10A, I-27100
Pavia, Italy**Italy
AUTHOR E-MAIL ADDRESS: spriori@fsm.it
JOURNAL: Current Opinion in Cardiology 22 (3): p163-170 MAY 2007 2007
ISSN: 0268-4705
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0019658950 BIOSIS NO.: 200700318691
Metabolic risk-factor clustering estimation in children: to draw a line
across pediatric metabolic syndrome
AUTHOR: Brambilla P; Lissau I; Flodmark C-E; Moreno L A; Widhalm K;
Wabitsch M; Pietrobelli A (Reprint)
AUTHOR ADDRESS: Univ Verona, Sch Med, Policlin GB Rossi, Pediat Unit, Via
Menegone 10, I-37134 Verona, Italy**Italy
AUTHOR E-MAIL ADDRESS: angpie@tin.it
JOURNAL: International Journal of Obesity 31 (4): p591-600 APR 2007 2007
ITEM IDENTIFIER: doi:10.1038/sj.ijo.0803581
ISSN: 0307-0565
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

19064538 BIOSIS NO.: 200600409933
Diagnosis and management of adult onset Still's disease
AUTHOR: Efthimiou P (Reprint); Paik P K; Bielory L
AUTHOR ADDRESS: 90 Bergen St, DOC 4700, Newark, NJ 07103 USA**USA
AUTHOR E-MAIL ADDRESS: efthimpv@umdnj.edu
JOURNAL: Annals of the Rheumatic Diseases 65 (5): p564-572 MAY 2006 2006
ISSN: 0003-4967
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

18321659 BIOSIS NO.: 200510016159
T cell vaccines for microbial infections
AUTHOR: Robinson Harriet L (Reprint); Amara Rama Rao
AUTHOR ADDRESS: Emory Univ, Emory Vaccine Ctr, Atlanta, GA 30329 USA**USA
AUTHOR E-MAIL ADDRESS: hrobins@rmy.emory.edu
JOURNAL: Nature Medicine 11 (4): pS25-S32 APR 05 2005
ISSN: 1078-8956
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/10 (Item 10 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

18168196 BIOSIS NO.: 200500075261
Molecular biology and hepatocellular carcinoma: current status and future prospects
ORIGINAL LANGUAGE TITLE: Biologie moleculaire et carcinome hepatocellulaire: donnees actuelles et developpements futurs
AUTHOR: Saffroy R (Reprint); Pham P; Lemoine A; Debuire B
AUTHOR ADDRESS: Lab Biochim Biol Mol, Hop Paul Brousse, Villejuif, France**
France
AUTHOR E-MAIL ADDRESS: raphael.saffroy@pbr.ap-hop-paris.fr
JOURNAL: Annales de Biologie Clinique 62 (6): p649-656 November 2004 2004
MEDIUM: print
ISSN: 0003-3898
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: French

8/3/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

17787827 BIOSIS NO.: 200400168584
Molecular signatures for diagnosis of infection: Application of microarray technology.
AUTHOR: Campbell C J; Ghazal P (Reprint)
AUTHOR ADDRESS: The Scottish Centre for Genomic Technology and Informatics, The University of Edinburgh, 49 Little France Crescent, The Chancellor's Building, College of Medicine, Edinburgh, EH16 4SB, UK**UK
AUTHOR E-MAIL ADDRESS: p.ghazal@ed.ac.uk
JOURNAL: Journal of Applied Microbiology 96 (1): p18-23 2004 2004
MEDIUM: print
ISSN: 1364-5072
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

8/3/12 (Item 12 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

17334802 BIOSIS NO.: 200300292621
Serum HBV DNA as a marker of efficacy during therapy for chronic HBV
infection: Analysis and ***review*** of the literature.
AUTHOR: Mommeja-Marin Herve (Reprint); Mondou Elsa; Blum M Robert; Rousseau
Franck
AUTHOR ADDRESS: Triangle Pharmaceuticals, Inc., 4611 University Dr., P.O.
Box 50530, Durham, NC, 27717, USA**USA
AUTHOR E-MAIL ADDRESS: Mommejh@tripharm.com
JOURNAL: Hepatology 37 (6): p1309-1319 June 2003 2003
MEDIUM: print
ISSN: 0270-9139 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

8/3/13 (Item 13 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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16767404 BIOSIS NO.: 200200360915
Molecular diagnostics in infectious diseases and public health
microbiology: Cottage industry to postgenomics
AUTHOR: Gilbert Gwendolyn L (Reprint)
AUTHOR ADDRESS: Centre for Infectious Diseases and Microbiology, Institute
of Clinical Pathology and Medical Research, Westmead Hospital, University
of Sydney, Westmead, NSW, 2145, Australia**Australia
JOURNAL: Trends in Molecular Medicine 8 (6): p280-287 June, 2002 2002
MEDIUM: print
ISSN: 1471-4914
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/14 (Item 14 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

15783509 BIOSIS NO.: 200000501822
Circulating endothelial cells in vascular disorders: New insights into an
old concept
AUTHOR: Dignat-George Francoise (Reprint); Sampol Jose
AUTHOR ADDRESS: Laboratoire d'Hematologie et d'Immunologie, INSERM EMI
00-19, U.F.R. de Pharmacie, Universite de la Mediterranee, 27 Boulevard
Jean Moulin, 13385, Marseille Cedex, 5, France**France
JOURNAL: European Journal of Haematology 65 (4): p215-220 October, 2000
2000
MEDIUM: print
ISSN: 0902-4441
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

15339461 BIOSIS NO.: 200000057774

Hepatocellular carcinoma

AUTHOR: Lemoine A (Reprint); Azoulay D; Jezequel-Cuer M; Debuire B
(Reprint)

AUTHOR ADDRESS: Service de Biochimie, Hopital Paul Brousse, 14, Avenue
Paul-Vaillant-Couturier, 94800, Villejuif, France**France

JOURNAL: Pathologie Biologie 47 (9): p903-910 Nov., 1999 1999

MEDIUM: print

ISSN: 0369-8114

DOCUMENT TYPE: Meeting; Meeting Address; Literature Review

RECORD TYPE: Abstract

LANGUAGE: French

8/3/16 (Item 16 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

(c) 2010 The Thomson Corporation. All rts. reserv.

14655679 BIOSIS NO.: 199800449926

Quantification of viral load: Clinical relevance for human immunodeficiency
virus, hepatitis B virus and hepatitis C virus infection

AUTHOR: Berger Annemarie; Braner Jens; Doerr Hans Wilhelm; Weber Bernard
(Reprint)

AUTHOR ADDRESS: Lab. Reunis Kutter-Lieners-Hastert, Centre Langwies, L-6131
Junglinster, Luxembourg**Luxembourg

JOURNAL: Intervirology 41 (1): p24-34 Jan.-Feb., 1998 1998

MEDIUM: print

ISSN: 0300-5526

DOCUMENT TYPE: Article; Literature Review

RECORD TYPE: Abstract

LANGUAGE: English

8/3/17 (Item 17 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

(c) 2010 The Thomson Corporation. All rts. reserv.

13567587 BIOSIS NO.: 199699201647

Hepatitis C virus infection: Diagnosis, natural course and therapy

AUTHOR: Tillmann Hans L; Manns Michael P (Reprint)

AUTHOR ADDRESS: Dep. Gastroenterol. Hepatol., Zentrum Innere Med.
Dermatol., Med. Hochschule Hannover, Konstanty-gutschow Strasse 8,
D-30623 Hannover, Germany**Germany

JOURNAL: Kidney and Blood Pressure Research 19 (3-4): p215-219 1996 1996

ISSN: 1420-4096

DOCUMENT TYPE: Article; Literature Review

RECORD TYPE: Abstract

LANGUAGE: English

8/3/18 (Item 18 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

(c) 2010 The Thomson Corporation. All rts. reserv.

13188178 BIOSIS NO.: 199698656011

Epidemiology of childhood hepatitis B in India: Vaccination related issues

AUTHOR: Kant Lalit (Reprint); Hall Andrew J

AUTHOR ADDRESS: Div. ECD, ICMR, Ansari Nagar, New Delhi 110 029, India**
India

JOURNAL: Indian Journal of Pediatrics 62 (6): p635-653 1995 1995

ISSN: 0019-5456

DOCUMENT TYPE: Article

RECORD TYPE: Abstract
LANGUAGE: English

8/3/19 (Item 19 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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13129057 BIOSIS NO.: 199698596890
Secondary prevention of hepatocellular carcinoma
AUTHOR: Tang Zhao-You (Reprint); Yang Bing-Hui
AUTHOR ADDRESS: Liver Cancer Inst., Zhongshan Hospital, Shanghai 200032,
China**China
JOURNAL: Journal of Gastroenterology and Hepatology 10 (6): p683-690 1995
1995
ISSN: 0815-9319
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/20 (Item 20 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13050766 BIOSIS NO.: 199598518599
Autoimmune hepatitis versus viral hepatitis C
AUTHOR: Strassburg C Pl; Manns M P (Reprint)
AUTHOR ADDRESS: Medizinische Hochschule Hannover, Dep. Gastroenterol.,
Konstanty-Gutschow-Str. 8, 30625 Hannover, Germany**Germany
JOURNAL: Liver 15 (5): p225-232 1995 1995
ISSN: 0106-9543
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/21 (Item 21 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

12525632 BIOSIS NO.: 199497546917
Viral hepatitis in children with renal disease
AUTHOR: Gregorio Germana V; Mowat Alex P (Reprint)
AUTHOR ADDRESS: King's Coll. Hosp., Dep. Child Health, Denmark Hill, London
SE5 9RS, UK**UK
JOURNAL: Pediatric Nephrology 8 (5): p610-619 1994 1994
ISSN: 0931-041X
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

8/3/22 (Item 22 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

09794417 BIOSIS NO.: 198988109532
DIRECT METHODS FOR DETECTION OF HIV-1 INFECTION
AUTHOR: HJELLE B (Reprint); BUSCH M
AUTHOR ADDRESS: DEP PATHOLOGY, UNIV NEW MEXICO SCH MED, 337-BRF,

ALBUQUERQUE, NM 87131, USA**USA
JOURNAL: Archives of Pathology and Laboratory Medicine 113 (9): p975-980
1989
ISSN: 0363-0153
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

8/3/23 (Item 23 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

09264795 BIOSIS NO.: 198886104716
FIBROLAMELLAR CARCINOMA OF THE LIVER AN IMMUNOHISTOCHEMICAL STUDY OF
NINETEEN CASES AND A REVIEW OF THE LITERATURE
AUTHOR: BERMAN M A (Reprint); BURNHAM J A; SHEAHAN D G
AUTHOR ADDRESS: DEP PATHOL, PRESBYTERIAN-UNIV HOSP, DESOTO AT O'HARA ST,
PITTSBURGH, PA 15213, USA**USA
JOURNAL: Human Pathology 19 (7): p784-794 1988
ISSN: 0046-8177
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

8/3/24 (Item 24 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

06662904 BIOSIS NO.: 198274079327
IDIOPATHIC CHRONIC ACTIVE HEPATITIS IN ICELAND AN EPIDEMIOLOGICAL STUDY
AUTHOR: BJARNASON I (Reprint); MAGNUSSON B; BJORNSSON S
AUTHOR ADDRESS: DEP OF INTERN MED, REYKJAVIK CITY HOSP, REYKJAVIK, ICELAND
**ICELAND
JOURNAL: Acta Medica Scandinavica 211 (4): p305-307- 1982 1982
ISSN: 0001-6101
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

8/3/25 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083589472 EMBASE/Medline No: 2010096715
Noninvasive markers in inflammatory bowel disease
Nieinwazyjne markery zapalne w przebiegu nieswoistych chorob zapalnych
jelit
Szachta P.; Roszak D.; Galecka M.; Ignys I.; Niestrata Z.; Cichy W.
Klinika Gastroenterologii Dzieciecej I Chorob Metabolicznych Szpitala
Klinicznego Im., ul. Szpitalna 27/33, 60-572 Poznan, Poland
AUTHOR EMAIL: patrycja; szachta@o2.pl
CORRESP. AUTHOR/AFFIL: Szachta P.: Klinika Gastroenterologii Dzieciecej I
Chorob Metabolicznych Szpitala Klinicznego Im., ul. Szpitalna 27/33, 60-572
Poznan, Poland
CORRESP. AUTHOR EMAIL: patrycja; szachta@o2.pl

Gastroenterologia Polska (Gastroenterol. Pol.) (Poland) December 1,
2009, 16/5 (399-401)

CODEN: GASPF ISSN: 1232-9886
URL:
<http://www.cornetis.com.pl/pliki/download.php?issn=1232-9886&rok=2009&numer=5&str p=399>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: Polish SUMMARY LANGUAGE: English; Polish
NUMBER OF REFERENCES: 13

8/3/26 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083536253 EMBASE/Medline No: 2010045486
Strategies for differentiating infection in vaccinated animals (DIVA) for foot-and-mouth disease, classical swine fever and avian influenza
Uttenthal A.; Parida S.; Rasmussen T.B.; Paton D.J.; Haas B.; Dundon W.G.
National Veterinary Institute, Technical University of Denmark, Lindholm, DK-4771 Kalvehave, Denmark
AUTHOR EMAIL: satya.parida@bbsrc.ac.uk; asut@vet.dtu.dk; tbrur@vet.dtu.dk; david.paton@bbsrc.ac.uk; Bernd.haas@fli.bund.de; wdundon@izsvenezie.it
CORRESP. AUTHOR/AFFIL: Uttenthal A.: Institute for Animal Health, Pirbright Laboratory, Ash Road, Pirbright, Surrey, GU24 0NF, United Kingdom
CORRESP. AUTHOR EMAIL: satya.parida@bbsrc.ac.uk

Expert Review of Vaccines (Expert Rev. Vaccines) (United Kingdom)
January 1, 2010, 9/1 (73-87)
CODEN: ERVXA ISSN: 1476-0584 eISSN: 1744-8395
DOI: 10.1586/erv.09.130
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 127

8/3/27 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083245996 EMBASE/Medline No: 2008247759
Infectious complications of acute and chronic GVHD
Young J.-A.H.
Division of Infectious Disease and International Medicine, Department of Medicine, the University of Minnesota, MMC 250, 420 Delaware Street, SE Minneapolis, MN 55455, United States
AUTHOR EMAIL: vanbu004@umn.edu
CORRESP. AUTHOR/AFFIL: Young J.-A.H.: Division of Infectious Disease and International Medicine, Department of Medicine, the University of Minnesota, MMC 250, 420 Delaware Street, SE Minneapolis, MN 55455, United States
CORRESP. AUTHOR EMAIL: vanbu004@umn.edu

Best Practice and Research: Clinical Haematology (Best Pract. Res. Clin. Haematol.) (United Kingdom) June 1, 2008, 21/2 (343-356)
CODEN: BPRCA ISSN: 1521-6926
PUBLISHER ITEM IDENTIFIER: S1521692608000297
DOI: 10.1016/j.beha.2008.02.017
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 47

8/3/28 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083234636 EMBASE/Medline No: 2009422236

Primary hepatic carcinoid tumor: A case report and review of the literature

Lin C.-W.; Lai C.-H.; Hsu C.-C.; Hsu C.-T.; Hsieh P.-M.; Hung K.-C.; Chen Y.-S.

Division of Hepatogastroenterology, Department of Internal Medicine, E-Da Hospital/I-Shou University, 1, E-Da Road, Jiau-shu Tsuen, Yan-chau Shiang, Kaohsiung County 82445, Republic of China (ROC)

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CORRESP. AUTHOR/AFFIL: Chen Y.-S.: Department of Surgery, Organ Transplantation Center, E-Da Hospital/I-Shou University, 1, E-Da Road, Jiau-shu Tsuen, Yan-chau Shiang, Kaohsiung County 82445, Republic of China (ROC)

CORRESP. AUTHOR EMAIL: yawsen.chen@msa.hinet.net

Cases Journal (Cases J.) (United Kingdom) October 15, 2009, 2/1
ISSN: 1757-1626

DOI: 10.1186/1757-1626-2-90

URL: <http://casesjournal.com/casesjournal/article/view/7690/3140>

ARTICLE NUMBER: 90

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 15

8/3/29 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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0083233602 EMBASE/Medline No: 2009445769

Diagnosis and causal treatment of sepsis

Diagnose und kausale therapie der sepsis

Brunkhorst F.M.; Reinhart K.

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Internist (Internist) (Germany) July 1, 2009, 50/7 (810-816)

CODEN: INTEA ISSN: 0020-9554

DOI: 10.1007/s00108-008-2287-5

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: German SUMMARY LANGUAGE: English; German

NUMBER OF REFERENCES: 24

8/3/30 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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0083189974 EMBASE/Medline No: 2009433991
Diagnostic value of T-cell monitoring assays in kidney transplantation
Nickel P.; Bestard O.; Volk H.-D.; Reinke P.
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Current Opinion in Organ Transplantation (Curr. Opin. Organ Transplant.
) (United States) August 1, 2009, 14/4 (426-431)
CODEN: COOTA ISSN: 1087-2418 eISSN: 1531-7013
DOI: 10.1097/MOT.0b013e32832c5999
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 59

8/3/31 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083091052 EMBASE/Medline.No: 2009326557
Hepatocellular carcinoma: A review of epidemiology, aetiology,
diagnosis and treatment
Dimitroulopoulos D.; Paraskevas E.
Department of Gastroenterology, Cancer Hospital, 171 Alexandras Ave.,
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CME Journal Gastroenterology, Hepatology and Nutrition (CME J.
Gastroenterol. Hepatol. Nutr.) (United Kingdom) December 1, 2008, 9/3
(97-104)
CODEN: CJGHF ISSN: 1367-9015
URL:
<http://www.rila.co.uk/site/modules.php?name=Journals&file=journal2&func=intmediate&aid=5570&iid=478&jid=002>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 117

8/3/32 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE
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0082769722 EMBASE/Medline No: 2008583190
PCT and sTREM-1: The markers of infection in critically ill patients?
Schultz M.J.; Determann R.M.
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Amsterdam, Amsterdam, Netherlands; Laboratory of Experimental Intensive
Care and Anesthesiology, Academic Medical Center, University of
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Medical Science Monitor (Med. Sci. Monit.) (United States) December 1,
2008, 14/12 (RA241-RA247)
CODEN: MSMOF ISSN: 1234-1010 eISSN: 1643-3750
URL: <http://www.medscimonit.com/fulltxt.php?ICID=869471>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
CLINICAL TRIALS NUMBER: NCT00271752--ClinicalTrials.gov
NUMBER OF REFERENCES: 79

8/3/33 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
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0082407360 EMBASE/Medline No: 2008242922
Should trichrome stain be used on all post-liver transplant biopsies with
hepatitis c virus infection to estimate the fibrosis score?
Tretheway D.; Jain A.; LaPoint R.; Sharma R.; Orloff M.; Milot P.;
Bozorgzadeh A.; Ryan C.
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Liver Transplantation (Liver Transplant.) (United Kingdom) May 1, 2008
, 14/5 (695-700)
CODEN: LITRF ISSN: 1527-6465 eISSN: 1527-6473
DOI: 10.1002/lt.21422
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 25

8/3/34 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0082245119 EMBASE/Medline No: 2008035942
Viruses and other infections in stillbirth: What is the evidence and what
should we be doing?
ISSUE TITLE: Perinatal and Paediatric Pathology
Rawlinson W.D.; Hall B.; Jones C.A.; Jeffery H.E.; Arbuckle S.M.; Graf N.
; Howard J.; Morris J.M.
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Pathology (Pathology) (United Kingdom) February 1, 2008, 40/2
(149-160)

CODEN: PTLGA ISSN: 0031-3025 eISSN: 1465-3931

PUBLISHER ITEM IDENTIFIER: 789665713

DOI: 10.1080/00313020701813792

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 108

8/3/35 (Item 11 from file: 73)

DIALOG(R)File 73:EMBASE

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0082135124 EMBASE/Medline No: 2007548347

The diagnostic approach to hepatocellular carcinoma

Diagnostik des hepatozellularen Karzinoms

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Zeitschrift fur Gastroenterologie (Z. Gastroenterol.) (Germany)

October 1, 2007, 45/10 (1067-1074)

CODEN: ZGASA ISSN: 0044-2771

DOI: 10.1055/s-2007-963354

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: German SUMMARY LANGUAGE: English; German

NUMBER OF REFERENCES: 49

8/3/36 (Item 12 from file: 73)

DIALOG(R)File 73:EMBASE

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0081898543 EMBASE/Medline No: 2007332774

Invasive aspergillosis in the intensive care unit

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Clinical Infectious Diseases (Clin. Infect. Dis.) (United States) July
15, 2007, 45/2 (205-216)

CODEN: CIDIE ISSN: 1058-4838

DOI: 10.1086/518852

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 74

8/3/37 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081881988 EMBASE/Medline No: 2007316182
Barriers to Care of Chronic Hepatitis Patients in Latin America
Strauss E.
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Archives of Medical Research (Arch. Med. Res.) (United States) August
1, 2007, 38/6 (711-715)
CODEN: AEDEE ISSN: 0188-4409
PUBLISHER ITEM IDENTIFIER: S0188440907001087
DOI: 10.1016/j.arcmed.2007.02.002
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 36

8/3/38 (Item 14 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081744371 EMBASE/Medline No: 2007178285
Liver transplantation: An update 2007
Said A.; Einstein M.; Lucey M.R.
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Wisconsin-Madison, School of Medicine and Public Health, Madison, WI,
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Current Opinion in Gastroenterology (Curr. Opin. Gastroenterol.) (United States) May 1, 2007, 23/3 (292-298)
CODEN: COGAE ISSN: 0267-1379
PUBLISHER ITEM IDENTIFIER: 0000157420070500000012
DOI: 10.1097/MOG.0b013e3280f9df41
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 70

8/3/39 (Item 15 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081469242 EMBASE/Medline No: 2006532455
Management consensus of inflammatory bowel disease for the Asia-Pacific
region
Ouyang Q.; Tandon R.; Goh K.L.; Pan G.-Z.; Fock K.M.; Fiocchi C.; Lam
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Journal of Gastroenterology and Hepatology (J. Gastroenterol. Hepatol.)
(Australia) December 1, 2006, 21/12 (1772-1782)
CODEN: JGHEE ISSN: 0815-9319 eISSN: 1440-1746
DOI: 10.1111/j.1440-1746.2006.04674.x
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 65

8/3/40 (Item 16 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081376272 EMBASE/Medline No: 2006439018
The role of autoantibodies as diagnostic markers of autoimmune hepatitis
Czaja A.J.
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Expert Review of Clinical Immunology (Expert Rev. Clin. Immunol.) (United Kingdom)
January 1, 2006, 2/1 (33-48)
ISSN: 1744-666X
DOI: 10.1586/1744666X.2.1.33
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 101

8/3/41 (Item 17 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081251412 EMBASE/Medline No: 2006313678
Noninvasive markers of fibrosis for longitudinal assessment of fibrosis
in chronic liver disease: Are they ready for prime time?
Thuluvath P.J.; Krok K.L.
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American Journal of Gastroenterology (Am. J. Gastroenterol.) (United States)
July 1, 2006, 101/7 (1497-1499)
CODEN: AJGAA ISSN: 0002-9270 eISSN: 1572-0241
DOI: 10.1111/j.1572-0241.2005.00304.x
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 19

8/3/42 (Item 18 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081133412 EMBASE/Medline No: 2006195331
Molecular Upstaging of Sentinel Lymph Nodes in Melanoma: Where Are We
Now?
Martinez S.R.; Mori T.; Hoon D.S.B.
Department of Molecular Oncology, John Wayne Cancer Institute, St. John's
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Surgical Oncology Clinics of North America (Surg. Oncol. Clin. North Am.
) (United States) April 1, 2006, 15/2 (331-340)
CODEN: SOCAF ISSN: 1055-3207
PUBLISHER ITEM IDENTIFIER: S1055320705001158
DOI: 10.1016/j.soc.2005.12.012
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English
NUMBER OF REFERENCES: 44

8/3/43 (Item 19 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080931368 EMBASE/Medline No: 2005576384
Laboratory diagnosis of viral hepatitis B and C
Laboratorijska dijagnostika virusnih hepatitisa B i C
Burek V.
Klinika za Infektivne Bolesti Dr. Fran Mihaljevic, Zagreb, Croatia;
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Acta Medica Croatica (Acta Med. Croat.) (Croatia) December 1, 2005,
59/5 (405-412)
CODEN: AMCRE ISSN: 1330-0164
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: Croatian SUMMARY LANGUAGE: English; Croatian
NUMBER OF REFERENCES: 29

8/3/44 (Item 20 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080888364 EMBASE/Medline No: 2005533289
Determination of safe return to play for athletes recovering from
infectious mononucleosis: A review of the literature
Waninger K.N.; Harcke H.T.

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Clinical Journal of Sport Medicine (Clin. J. Sport Med.) (United States
) November 1, 2005, 15/6 (410-416)

CODEN: CJSME ISSN: 1050-642X

DOI: 10.1097/01.jsm.0000187077.82230.64

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 83

8/3/45 (Item 21 from file: 73)

DIALOG(R)File 73:EMBASE

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0080873011 EMBASE/Medline No: 2005517666

Role of anti-infective strategies in the prevention of stroke

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Current Treatment Options in Cardiovascular Medicine (Curr. Treat.
Options Cardiovasc. Med.) (United Kingdom) July 1, 2005, 7/3 (187-195)

CODEN: CTOCC ISSN: 1092-8464

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 29

8/3/46 (Item 22 from file: 73)

DIALOG(R)File 73:EMBASE

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0080708009 EMBASE/Medline No: 2005352393

The laboratory diagnosis of hepatitis B virus

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Canadian Journal of Infectious Diseases and Medical Microbiology (Can.
J. Infect. Dis. Med. Microbiol.) (Canada) March 1, 2005, 16/2 (65-72)

ISSN: 1712-9532

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 37

8/3/47 (Item 23 from file: 73)
DIALOG(R)File 73:EMBASE
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0080671776 EMBASE/Medline No: 2005316080
Biochemical and serological markers for detection and follow-up of liver diseases

Biohemijski i seroloski markeri za otkrivanje i pracenje bolesti jetre
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Jugoslovenska Medicinska Biohemija (Jugosl. Med. Biohem.) (Yugoslavia)
June 1, 2005, 24/SUPPL. 4 (45-60)

CODEN: JMBIE ISSN: 0354-3447

DOI: 10.2298/JMH0501045J

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: Serbian SUMMARY LANGUAGE: English; Serbian

NUMBER OF REFERENCES: 64

8/3/48 (Item 24 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080621465 EMBASE/Medline No: 2005265757
Update on the etiology, pathogenesis and diagnosis of ulcerative colitis
Hanauer S.B.

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Nature Clinical Practice Gastroenterology and Hepatology (Nat. Clin.
Pract. Gastroenterol. Hepatol.) (United Kingdom) November 1, 2004, 1/1
(26-31)

ISSN: 1743-4378

DOI: 10.1038/ncpgasthep0031

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 46

8/3/49 (Item 25 from file: 73)
DIALOG(R)File 73:EMBASE
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0080536145 EMBASE/Medline No: 2005180355
How to measure liver fibrosis in viral hepatitis?
Comment evaluer la fibrose hepatique au cours des hepatites virales?
Pariente A.
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Revue du Praticien (Rev. Prat.) (France) March 31, 2005, 55/6
(646-649)
CODEN: REPRA ISSN: 0035-2640
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 12

8/3/50 (Item 26 from file: 73)
DIALOG(R)File 73:EMBASE
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0080468842 EMBASE/Medline No: 2005112998
Interpretation of TORCH
ISSUE TITLE: Advances in Clinical Microbiology and Infectious Disease
Practice in India
Oberoi J.K.; Wattal C.
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Journal International Medical Sciences Academy (J. Int. Med. Sci. Acad.
) (India) July 1, 2004, 17/3 (194-198)
CODEN: JMSAE ISSN: 0971-071X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 21

8/3/51 (Item 27 from file: 73)
DIALOG(R)File 73:EMBASE
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0080433619 EMBASE/Medline No: 2005077775
Overview of the diagnostic value of biochemical markers of liver
fibrosis (FibroTest, HCV FibroSure) and necrosis (ActiTest) in patients
with chronic hepatitis C
Poynard T.; Imbert-Bismut F.; Munteanu M.; Messous D.; Myers R.P.; Thabut
D.; Rtziu V.; Mercadier A.; Benhamou Y.; Hainque B.
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Comparative Hepatology (Comp. Hepatol.) (United Kingdom) September 23,
2004, 3/- (12)
CODEN: CHOE A ISSN: 1476-5926
DOI: 10.1186/1476-5926-3-8
URL: <http://www.comparative-hepatology.com/content/3/1/8>
ARTICLE NUMBER: 8
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 36

8/3/52 (Item 28 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080400765 EMBASE/Medline No: 2005044912
Recent developments in the diagnosis and monitoring of HBV infection and
role of the genetic variability of the S gene
Weber B.
Centre Langwies, Laboratories Reunis, L-6131-Junglinster, Luxembourg
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Expert Review of Molecular Diagnostics (Expert Rev. Mol. Diagn.) (
United Kingdom) January 1, 2005, 5/1 (75-91)
CODEN: ERMDC ISSN: 1473-7159
DOI: 10.1586/14737159.5.1.75
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 89

8/3/53 (Item 29 from file: 73)
DIALOG(R)File 73:EMBASE
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0080400761 EMBASE/Medline No: 2005044908
Rapid tests for detection of viral markers in blood transfusion
Allain J.-P.; Lee H.
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Haematology, Long Road, Cambridge CB2 2PT, United Kingdom
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United Kingdom) January 1, 2005, 5/1 (31-41)
CODEN: ERMDC ISSN: 1473-7159
DOI: 10.1586/14737159.5.1.31
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 52

8/3/54 (Item 30 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080258900 EMBASE/Medline No: 2004438136

Autoimmune hepatitis in children
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Kingdom) June 1, 2004, 6/3 (225-230)

CODEN: CGRUA ISSN: 1522-8037

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 50

8/3/55 (Item 31 from file: 73)
DIALOG(R)File 73:EMBASE
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0080246564 EMBASE/Medline No: 2004425923

Markers of digestive cancers: Colon, rectum, pancreas, liver
Marqueurs des cancers digestifs: Colon-rectum, pancreas, foie
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Immuno-Analyse et Biologie Specialisee (Immuno-Anal. Biol. Spec.) (
France) October 1, 2004, 19/5 SPEC. ISS. (279-285)

CODEN: IBSPE ISSN: 0923-2532

PUBLISHER ITEM IDENTIFIER: S0923253204000766

DOI: 10.1016/j.immbio.2004.07.005

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: French SUMMARY LANGUAGE: English; French

NUMBER OF REFERENCES: 52

8/3/56 (Item 32 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080108175 EMBASE/Medline No: 2004292200

Diffusely composed traditional definitions - Definition and diagnosis of
sepsis with current criteria

Traditionelle definitionen sind unscharf gefasst: Definition und diagnose
der sepsis nach aktuellen kriterien

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Deutschen Kompetenznetzwerkes Sepsis, SepNet; Klin. fur

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Klinikarzt (Klinikartz) (Germany) July 29, 2004, 33/6 (167-172)
CODEN: KLINE ISSN: 0341-2350
DOI: 10.1055/s-2004-829860
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: German SUMMARY LANGUAGE: English; German

8/3/57 (Item 33 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079831620 EMBASE/Medline No: 2004016386
Advances in sepsis diagnosis and treatment
Avancos no diagnostico e tratamento da sepse
Carvalho P.R.A.; Trotta E.D.A.
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Jornal de Pediatria (J. Pediatr.) (Brazil) November 1, 2003, 79/SUPPL.
2 (S195-S204)
CODEN: JOPOA ISSN: 0021-7557
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: Portuguese SUMMARY LANGUAGE: English; Portuguese
NUMBER OF REFERENCES: 50

8/3/58 (Item 34 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079692604 EMBASE/Medline No: 2003401778
Autoimmunity and hepatitis C
Strassburg C.P.; Vogel A.; Manns M.P.
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Autoimmunity Reviews (Autoimmun. Rev.) (Netherlands) October 1, 2003,
2/6 (322-331)
CODEN: ARUEB ISSN: 1568-9972
DOI: 10.1016/S1568-9972(03)00036-3
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 33

8/3/59 (Item 35 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0079572074 EMBASE/Medline No: 2003279178

What we have learned regarding antibiotic therapy for the reduction of infant morbidity after preterm premature rupture of the membranes

Mercer B.M.; Goldenberg R.L.; Das A.F.; Thurnau G.R.; Bendon R.W.;

Miodovnik M.; Ramsey R.D.; Rabello Y.A.

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Seminars in Perinatology (Semin. Perinatol.) (United States) June 1, 2003, 27/3 (217-230)

CODEN: SEMPDI ISSN: 0146-0005

DOI: 10.1016/S0146-0005(03)00016-8

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 39

8/3/60 (Item 36 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0079445750 EMBASE/Medline No: 2003150637

Anti-cyclic citrullinated peptide antibodies as a diagnostic test for rheumatoid arthritis

Orbach H.; Shoenfeld Y.

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CORRESP. AUTHOR/AFFIL: Orbach H.: Department of Internal Medicine, Rheumatology Unit, Bikur Cholim Hospital, Jerusalem, Israel

Harefuah (Harefuah) (Israel) March 1, 2003, 142/3 (182-185+239)

CODEN: HAREA ISSN: 0017-7768

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: Hebrew SUMMARY LANGUAGE: English; Hebrew

NUMBER OF REFERENCES: 34

8/3/61 (Item 37 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0079210781 EMBASE/Medline No: 2002374596

The quality of health care for adults with developmental disabilities

Lewis M.A.; Lewis C.E.; Leake B.; King B.H.; Lindemann R.

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Public Health Reports (Public Health Rep.) (United States) March 1, 2002, 117/2 (174-184)

CODEN: PHRPA ISSN: 0033-3549

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 39

8/3/62 (Item 38 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079056381 EMBASE/Medline No: 2002220115
Reactivation of replication of hepatitis B and C viruses after
immunosuppressive therapy: An unresolved issue
Vento S.; Cainelli F.; Longhi M.S.
Department of Pathology, University of Verona, Borgo Trento Hospital,
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Lancet Oncology (Lancet Oncol.) (United States) July 5, 2002, 3/6
(333-340)
CODEN: LOANB ISSN: 1470-2045
DOI: 10.1016/S1470-2045(02)00773-8
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 60

8/3/63 (Item 39 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079022662 EMBASE/Medline No: 2002186359
Biological markers of infection in critically ill adult patients: Role of
procalcitonin
Marqueurs biologiques de l'infection en reanimation chez l'adulte: Place
de la procalcitonine
Venet C.; Tardy B.; Zeni F.
Service d'Urgence et de Reanimation, Hopital Bellevue, CHU-Hopitaux de
Saint-Etienne, 42055 Saint-Etienne cedex 2, France
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2, France
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Reanimation (Reanimation) (France) June 5, 2002, 11/3 (156-171)
CODEN: REANF ISSN: 1624-0693
DOI: 10.1016/S1624-0693(02)00227-X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 85

8/3/64 (Item 40 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078773150 EMBASE/Medline No: 2001379521
The natural history of hepatitis C virus infection
Kenny-Walsh E.

Department of Hepatology, Cork University Hospital, University College
Cork, Cork, Ireland
CORRESP. AUTHOR/AFFIL: Kenny-Walsh E.: Department of Hepatology, Cork
University Hospital, Wilton, Cork, Ireland

Clinics in Liver Disease (Clin. Liver Dis.) (United States) November
10, 2001, 5/4 (969-977)
CODEN: CLDIF ISSN: 1089-3261
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 68

8/3/65 (Item 41 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078668525 EMBASE/Medline No: 2001274854
Pyoderma gangrenosum
Blitz N.M.; Rudikoff D.
Northwest Podiatric Surg. R., Providence Seattle Medical Center, Seattle,
WA, United States
CORRESP. AUTHOR/AFFIL: Rudikoff D.: Department of Dermatology, Mount
Sinai School of Medicine, Box 1048, One East 100th Street, New York, NY
10029-6574, United States

Mount Sinai Journal of Medicine (Mt. Sinai J. Med.) (United States)
September 1, 2001, 68/4-5 (287-297)
CODEN: MSJMA ISSN: 0027-2507
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 108

8/3/66 (Item 42 from file: 73)
DIALOG(R)File 73:EMBASE
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0078544525 EMBASE/Medline No: 2001150662
Recurrent autoimmune hepatitis after liver transplantation: Diagnostic
criteria, risk factors, and outcome
Hubscher S.G.
Department of Pathology, University of Birmingham, Birmingham, United
Kingdom
CORRESP. AUTHOR/AFFIL: Hubscher S.G.: Department of Pathology, University
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Liver Transplantation (Liver Transplant.) (United States) May 3, 2001
, 7/4 (285-291)
CODEN: LITRF ISSN: 1527-6465
DOI: 10.1053/jlts.2001.23085
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 58

8/3/67 (Item 43 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078406925 EMBASE/Medline No: 2001012736

The role of viral load determination for the management of human immunodeficiency virus, hepatitis B virus and hepatitis C virus infection
Berger A.; Preiser W.; Doerr H.W.
Institut Medizinische Virologie, Zentrum der Hygiene, Universitätsklinik,
Paul-Ehrlich-Str. 40, D-60596 Frankfurt am Main, Germany
CORRESP. AUTHOR/AFFIL: Berger A.: Institut Medizinische Virologie,
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Journal of Clinical Virology (J. Clin. Virol.) (Netherlands) January
19, 2001, 20/1-2 (23-30)
CODEN: JCVIF ISSN: 1386-6532
PUBLISHER ITEM IDENTIFIER: S1386653200001517
DOI: 10.1016/S1386-6532(00)00151-7
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 39

8/3/68 (Item 44 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078296870 EMBASE/Medline No: 2000346463

Molecular and immunologic pathology for the endoscopist: Special techniques
Cortina G.
Dept. of Pathology/Lab. Medicine, UCLA Center for Health Science, 10833
Le Conte Avenue, Los Angeles, CA 90095-1713, United States
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90095-1713, United States

Gastrointestinal Endoscopy Clinics of North America (Gastrointest.
Endosc. Clin. North Am.) (United States) October 17, 2000, 10/4
(573-593)
CODEN: GECNE ISSN: 1052-5157
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 16

8/3/69 (Item 45 from file: 73)
DIALOG(R)File 73:EMBASE
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0078244141 EMBASE/Medline No: 2000293514

Are there criteria for the diagnosis of paraneoplastic fever?
Existe-t-il des criteres diagnostiques en faveur d'une fievre
paraneoplasique?
Penel N.; Degardin M.; Fripiat F.; Hachulla E.
Departement de Cancerologie Cervicofaciale, Centre Oscar-Lambret, 3, rue
F.-Combemale, 59020 Lille cedex, France
CORRESP. AUTHOR/AFFIL: Penel N.: Dept. de Cancerologie Cervicofaciale,
Centre Oscar-Lambret, 3, rue F.-Combemale, 59020 Lille Cedex, France

Revue de Medecine Interne (Rev. Med. Interne) (France) September 4,
2000, 21/8 (684-692)
CODEN: RMEID ISSN: 0248-8663

DOI: 10.1016/S0248-8663(00)80024-7
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 74

8/3/70 (Item 46 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078032874 EMBASE/Medline No: 2000082097
Acute interstitial nephritis
Les nephrites interstitielles aiguës
Gauthier Th.; Wauters J.-P.
Division de Nephrologie, Dept. de Medecine, CHUV, 1011 Lausanne,
Switzerland
CORRESP. AUTHOR/AFFIL: Gauthier Th.: Division de Nephrologie, Departement
de Medecine, CHUV, 1011 Lausanne, Switzerland

Medecine et Hygiene (Med. Hyg.) (Switzerland) February 23, 2000,
58/2289 (434-438)
CODEN: MEHGA ISSN: 0025-6749
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 28

8/3/71 (Item 47 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078014586 EMBASE/Medline No: 2000063774
Evaluation of neutropenic fever: Value of serum and plasma parameters in
clinical practice
Sudhoff T.; Giagounidis A.; Karthaus M.
Department of Internal Medicine, Knappschafts Krankenhaus Bochum-L., Ruhr
University, Bochum, Germany; Dept. of Int. Med. K., Ruhr-Universitat
Bochum, In der Schornau 23/25, D-44892 Bochum, Germany
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Schornau 23-25, D-44892 Bochum, Germany

Chemotherapy (Chemotherapy) (Switzerland) February 24, 2000, 46/2
(77-85)
CODEN: CHTHB ISSN: 0009-3157
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 38

8/3/72 (Item 48 from file: 73)
DIALOG(R)File 73:EMBASE
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0077975181 EMBASE/Medline No: 2000024337
Viral hepatitis
Hepatites virais
Gomes Ferraz M.L.; De Mello Perez R.
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Universidade Federal de Sao Paulo (Unifesp - EPM); Rua Machado
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CORRESP. AUTHOR/AFFIL: Ferraz M.L.G.: Rua Machado Bittencourt 413, CEP 04044-001 - Sao Paulo - SP, Brazil

Revista Brasileira de Medicina (Rev. Bras. Med.) (Brazil) December 1, 1999, 56/SPEC. ISS. (207-214)
CODEN: RBMEA ISSN: 0034-7264
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: Portuguese SUMMARY LANGUAGE: English; Portuguese
NUMBER OF REFERENCES: 22

8/3/73 (Item 49 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077906070 EMBASE/Medline No: 1999392403
The C-reactive protein
Clyne B.; Olshaker J.S.
Division of Emergency Medicine, Dept. Surg., Univ. Maryland Med. S.,
Baltimore, MD, United States
CORRESP. AUTHOR/AFFIL: Clyne B.: Division of Emergency Medicine,
University Maryland Medical System, 22 South Greene Street, Baltimore, MD
21201, United States

Journal of Emergency Medicine (J. Emerg. Med.) (United States)
November 1, 1999, 17/6 (1019-1025)
CODEN: JEMMD ISSN: 0736-4679
PUBLISHER ITEM IDENTIFIER: S0736467999001353
DOI: 10.1016/S0736-4679(99)00135-3
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 84

8/3/74 (Item 50 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077670888 EMBASE/Medline No: 1999157080
Human immunodeficiency virus and hepatitis B virus infection in
pregnancy: Diagnostic potential of viral genome detection
Berger A.; Doerr H.W.; Weber B.
Institut fur Medizinische Virologie, Zentrum der Hygiene,
Universitätskliniken, Frankfurt am Main, Germany; Institut fur
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CORRESP. AUTHOR EMAIL: Annemarie.Berger@em.uni-frankfurt.de

Intervirology (Intervirology) (Switzerland) December 1, 1998, 41/4-5
(201-207)
CODEN: IVRYA ISSN: 0300-5526
DOI: 10.1159/000024937
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 38

8/3/75 (Item 51 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077320762 EMBASE/Medline No: 1998230925
Diagnostic evaluation of hepatitis C. Present aspects and personal
experience
Toccaceli F.; Pagannone E.; Rosati S.; Iacomì F.; Perinelli P.; Scuderi
M.; Laghi V.
University 'La Sapienza' of Rome, Rome, Italy
CORRESP. AUTHOR/AFFIL: Toccaceli F.: University 'La Sapienza' of Rome,
Rome, Italy

Mediterranean Journal of Infectious and Parasitic Diseases (Mediterr. J.
Infect. Parasit. Dis.) (Italy) August 28, 1998, 13/1 (29-35)
CODEN: MJIDE ISSN: 0394-025X
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 52

8/3/76 (Item 52 from file: 73)
DIALOG(R)File 73:EMBASE
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0076967099 EMBASE/Medline No: 1997260260
Adult onset still's disease
La maladie de still
Vignes S.; Wechsler B.; Piette J.C.
Service de Medecine Interne, Hopital Saint-Louis, 1, avenue
Claude-Vellefaux, 75010 Paris, France
CORRESP. AUTHOR/AFFIL: Vignes S.: Service de medecine interne, Hopital
Saint-Louis, 1, avenue Claude-Vellefaux, 75010 Paris, France

Revue de Medecine Interne (REV. MED. INTERNE) (France) August 1, 1997
, 18/8 (626-637)
CODEN: RMEID ISSN: 0248-8663
DOI: 10.1016/S0248-8663(97)82464-2
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 114

8/3/77 (Item 53 from file: 73)
DIALOG(R)File 73:EMBASE
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0076898579 EMBASE/Medline No: 1997191696
Autoimmune liver disease
Czaja A.J.
Mayo Clinic, 200 First Street SW, Rochester, MN 55905, United States
CORRESP. AUTHOR/AFFIL: Czaja A.J.: Mayo Clinic, 200 First Street SW,
Rochester, MN 55905, United States

Current Opinion in Gastroenterology (CURR. OPIN. GASTROENTEROL.) (
United States) July 11, 1997, 13/3 (248-256)
CODEN: COGAE ISSN: 0267-1379
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 18

8/3/78 (Item 54 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0076450713 EMBASE/Medline No: 1996110539
Instrumentation methods and automation in nucleic acid assays
Khalil O.S.
Probe Diagnostics Program, Abbott Laboratories, Abbott Park, IL 60064,
United States
CORRESP. AUTHOR/AFFIL: Khalil O.S.: Probe Diagnostics Program, Abbott
Laboratories, Abbott Park, IL 60064, United States

Cancer Molecular Biology (CANCER MOL. BIOL.) (Egypt) December 1, 1995
, 2/6 (669-681)
CODEN: ICMBE ISSN: 1110-5313
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

8/3/79 (Item 55 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0076375385 EMBASE/Medline No: 1996030470
Biochemical and quantitative liver function tests in diagnosis and
prognosis of liver diseases
KLINISCH-CHEMISCHE LABORPARAMETER, SEROLOGISCHE UNTERSUCHUNGEN UND
QUANTITATIVE LEBERFUNKTIONSTESTS IN DIAGNOSE UND PROGNOSE VON
LEBERERKRANKUNGEN
Leiss O.
Fachbereich Gastroenterologie, Deutsche Klinik fur Diagnostik,
Aukammallee 33, D-65191 Wiesbaden, Germany
CORRESP. AUTHOR/AFFIL: Leiss O.: Fachbereich Gastroenterologie, Deutsche
Klinik fur Diagnostik, Aukammallee 33, D-65191 Wiesbaden, Germany

Verdauungskrankheiten (VERDAUUNGSKRANKHEITEN) (Germany) December 1,
1995, 13/6 (238-247)
CODEN: VERDE ISSN: 0174-738X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: German SUMMARY LANGUAGE: German; English

8/3/80 (Item 56 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0075977376 EMBASE/Medline No: 1995017459
Peripheral markers and diagnostic criteria in Alzheimer's disease:
Critical evaluations
De Lustig E.S.; Kohan S.; Famulari A.L.; Dominguez R.O.; Serra J.A.
Departamento Investigacion, Instituto de Oncologia Angel H Roffo,
University de Buenos Aires, Avda San Martin 5481, Buenos Aires (1417),
Argentina
CORRESP. AUTHOR/AFFIL: De Lustig E.S.: Departamento Investigacion,
Instituto de Oncologia Angel H Roffo, University de Buenos Aires, Avda San
Martin 5481, Buenos Aires (1417), Argentina

Reviews in the Neurosciences (REV. NEUROSCI.) (Israel) December 1,
1994, 5/3 (213-225)
CODEN: RNEUE ISSN: 0334-1763

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

8/3/81 (Item 57 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0075721474 EMBASE/Medline No: 1994148685
Primary and secondary liver tumors
Franco D.; Vons C.
Hopital Antoine Beclere, Service de Chirurgie, 92141 Clamart Cedex,
France
CORRESP. AUTHOR/AFFIL: Franco D.: Hopital Antoine Beclere, Service de
Chirurgie, 92141 Clamart Cedex, France

Current Opinion in Gastroenterology (CURR. OPIN. GASTROENTEROL.) (United Kingdom) May 24, 1994, 10/3 (337-343)
CODEN: COGAE ISSN: 0267-1379
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

8/3/82 (Item 58 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0075448881 EMBASE/Medline No: 1993228437
Noninfectious mimics of community-acquired pneumonia
Lynch III J.P.; Sitrin R.G.
Div. of Pulmonary/Critical Care Med., 3916 Taubman Center, University of
Michigan Medical Ctr., Ann Arbor, MI 48109-0360, United States
CORRESP. AUTHOR/AFFIL: Lynch III J.P.: Div. of Pulmonary/Critical Care
Med., 3916 Taubman Center, University of Michigan Medical Ctr., Ann Arbor,
MI 48109-0360, United States

Seminars in Respiratory Infections (SEMIN. RESPIR. INFECT.) (United States) August 21, 1993, 8/1 (14-45)
CODEN: SRINE ISSN: 0882-0546
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

8/3/83 (Item 59 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0072774578 EMBASE/Medline No: 1984004994
Prevalence of hepatitis B markers in Italy
Pasquini P.; Kahn H.A.; Pileggi D.; et-al
Cattedra Igiene, Dipartimento di Sanita Publica, II Universita di Roma,
Roma, Italy:
CORRESP. AUTHOR/AFFIL: Cattedra Igiene, Dipartimento di Sanita Publica,
II Universita di Roma, Roma, Italy

American Journal of Epidemiology (AM. J. EPIDEMIOL.) (United States) December 1, 1983, 118/5 (699-709)
CODEN: AJEPA ISSN: 0002-9262
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

8/3/84 (Item 60 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0072135887 EMBASE/Medline No: 1982126460
Idiopathic chronic active hepatitis in Iceland
Bjarnason I.; Magnusson B.; Bjornsson S.
Dep. Intern. Med., Reykjavik City Hosp., Univ. Iceland, Reykjavik,
Iceland:
CORRESP. AUTHOR/AFFIL: Dep. Intern. Med., Reykjavik City Hosp., Univ.
Iceland, Reykjavik, Iceland

Acta Medica Scandinavica (ACTA MED. SCAND.) (Sweden) July 13, 1982,
211/4 (305-307)
CODEN: AMSVA ISSN: 0001-6101
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: English

8/3/85 (Item 61 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0071784201 EMBASE/Medline No: 1981230611
Localizations of pleuro-pulmonary lupus. Analytical study. Discussion of
aetiology and pathology. Guide to practical management
LOCALISATIONS PLEURO-PULMONAIRES DU LUPUS. ETUDE ANALYTIQUE. DISCUSSION
ETIOPATHOGENIQUE. ESSAI DE CONDUITE PRATIQUE
Fournier M.; Solal Ph.; Viau F.; Pariente R.
Serv. Pneumol. Reanimat., INSERM, Hop. Beaujon, F 92118 Clichy Cedex,
France:
CORRESP. AUTHOR/AFFIL: Serv. Pneumol. Reanimat., INSERM, Hop. Beaujon, F
92118 Clichy Cedex, France

Revue Francaise des Maladies Respiratoires (REV. FR. MAL. RESPIR.) (
France) November 20, 1981, 9/3 (201-217)
CODEN: RFMRA ISSN: 0301-0279
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English

8/3/86 (Item 62 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069877171 EMBASE/Medline No: 19305377
Management of autoimmune liver disease.
Maggs J.; Cullen S.
Buckinghamshire Hospitals NHS Trust, High Wycombe, Bucks, UK.
CORRESP. AUTHOR/AFFIL: Maggs J.: Buckinghamshire Hospitals NHS Trust,
High Wycombe, Bucks, UK.

Minerva gastroenterologica e dietologica (Minerva Gastroenterol Dietol)
(Italy) June 1, 2009, 55/2 (173-206)
ISSN: 1121-421X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 280

8/3/87 (Item 63 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069824441 EMBASE/Medline No: 19099553

Hepatitis A, B and C viral co-infections among HIV-infected adults
presenting for care and treatment at Muhimbili National Hospital in Dar es
Salaam, Tanzania.

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of Health and Allied Sciences, P.O, Box 65001, Dar es Salaam, Tanzania.

CORRESP. AUTHOR/AFFIL: Nagu T.J.: Department of Internal Medicine, School
of Medicine, Muhimbili University of Health and Allied Sciences, P.O, Box
65001, Dar es Salaam, Tanzania.

CORRESP. AUTHOR EMAIL: jtjoyce20@hotmail.com

BMC public health (BMC Public Health) (United Kingdom) December 1,
2008, 8/- (416)

eISSN: 1471-2458

DOI: 10.1186/1471-2458-8-416

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

8/3/88 (Item 64 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069377121 EMBASE/Medline No: 17438875

Transient elastography--an alternative to liver biopsy in patients with
chronic hepatitis C?

Stanciu C.; Trifan A.; Cojocariu C.

Institute of Gastroenterology and Hepatology, Iasi.

CORRESP. AUTHOR/AFFIL: Stanciu C.: Institute of Gastroenterology and
Hepatology, Iasi.

Revista medico-chirurgicala a Societatii de Medici si Naturalisti din
Iasi (Rev Med Chir Soc Med Nat Iasi) (rom) October 1, 2006, 110/4
(765-770)

ISSN: 0300-8738

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 35

8/3/89 (Item 65 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069248255 EMBASE/Medline No: 17195621

Autochthonous hepatitis E in France

Hepatitis E autochtone en France

Buisson Y.; Nicand E.

Institut de Medecine Tropicale, Service de Sante des Armees, B.P. 46,
13998 Marseille Armees

CORRESP. AUTHOR/AFFIL: Buisson Y.: Institut de Medecine Tropicale,
Service de Sante des Armees, B.P. 46, 13998 Marseille Armees

Bulletin de l'Academie Nationale de Medecine (Bull. Acad. Natl. Med.) (France) April 1, 2006, 190/4-5 (973-980)
CODEN: BANMA ISSN: 0001-4079
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 26

8/3/90 (Item 66 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069166313 EMBASE/Medline No: 16436007
Alpha fetoprotein for screening for hepatocellular cancer in populations with viral hepatitis B: an appraisal of Thai reports.
Wiwanitkit V.
Department of Laboratory Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand 10330.
CORRESP. AUTHOR/AFFIL: Wiwanitkit V.: Department of Laboratory Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand 10330.
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Asian Pacific journal of cancer prevention : APJCP (Asian Pac. J. Cancer Prev.) (Thailand) October 1, 2005, 6/4 (535-536)
ISSN: 1513-7368
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 11

8/3/91 (Item 67 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0068961862 EMBASE/Medline No: 15887642
New possibilities to analyse suspected Creutzfeldt-Jakob disease. Safer diagnosis with cerebrospinal fluid analysis of 14-3-3 proteins and T-tau/P-tau levels
Nya utredningsmogheter vid misstankt Creutzfeldt-Jakobs sjukdom.
Likvoranalys av 14-3-3-protein och T-tau/P-tau-kvot ger sakrare diagnos
Zetterberg H.; Hammarin A.-L.; Nilsson P.; Andersson E.; Lind B.; Blennow K.
Institutionen Klinisk Neurovetenskap, Goteborgs Universitet; ST-lakare I Klinisk Kemi, Sahlgrenska Universitetssjukhuset, Goteborg, Sweden; Center for Neurologic Diseases, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, United States; Laboratoriet For Klinisk Kemi, Sahlgrenska Universitetssjukhuset, SE-413 45 Goteborg, Sweden
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CORRESP. AUTHOR EMAIL: henrik.zetterberg@clinchem.gu.se

Lakartidningen (Lakartidningen) (Sweden) March 21, 2005, 102/12-13 (956-961)
ISSN: 0023-7205
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Swedish SUMMARY LANGUAGE: English; Swedish
NUMBER OF REFERENCES: 20

8/3/92 : (Item 68 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0068816785 EMBASE/Medline No: 15027699
Genetic variability of the virus of the hepatitis C and their
relationship with the clinic and the treatment
Variabilidad genetica del virus de la hepatitis C y su relacion con la
clinica y el tratamiento.
Maroto Vela M.C.
CORRESP. AUTHOR/AFFIL: Maroto Vela M.C.

Anales de la Real Academia Nacional de Medicina (An R Acad Nac Med
(Madr)) (Spain) December 1, 2003, 120/3 (427-441; discussion 442-448)
ISSN: 0034-0634
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Spanish
NUMBER OF REFERENCES: 37

8/3/93 (Item 69 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0068685557 EMBASE/Medline No: 12886617
Minor fatty acids of biological fluids of urogenital organs and their
significance in the diagnosis of inflammatory processes
Minornye zhirnye kisloty biologicheskikh zhidkostei urogenital'nykh
organov i ikh znachimost' v diagnostike vospalitel'nykh protsessov.
Krymtseva T.A.; Osipov G.A.; Boiko N.B.; Sokolov I.A.; Demina A.M.;
Radiushina T.V.; Osipov D.G.
Academic Group of Acad. Med. Sci. Yu.F. Isakov, State Research Institute
for Design of Biological Instruments, Moscow, Russia.
CORRESP. AUTHOR/AFFIL: Krymtseva T.A.: Academic Group of Acad. Med. Sci.
Yu.F. Isakov, State Research Institute for Design of Biological
Instruments, Moscow, Russia.

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Epidemiol. Immunobiol.) (Russian Federation) March 1, 2003, -/2
(92-101)
ISSN: 0372-9311
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Russian
NUMBER OF REFERENCES: 47

8/3/94 (Item 70 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0068211977 EMBASE/Medline No: 11215419
The examinations for diffuse lung diseases
Otake K.; Suwabe A.; Tominaga M.
The Department of Laboratory Medicine, Yamagata University School of
Medicine, Yamagata 990-9585.
CORRESP. AUTHOR/AFFIL: Otake K.: The Department of Laboratory Medicine,
Yamagata University School of Medicine, Yamagata 990-9585.

Rinsho byori. The Japanese journal of clinical pathology (Rinsho Byori)
(Japan) December 1, 2000, 48/12 (1112-1117)

ISSN: 0047-1860

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: Japanese

NUMBER OF REFERENCES: 6

8/3/95 (Item 71 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0068125365 EMBASE/Medline No: 10981329

Usefulness of autoantibodies in the study of autoimmune liver diseases
and prevalence of autoimmune extrahepatic manifestations

Utilidad de los autoanticuerpos en el estudio de las enfermedades
hepaticas autoinmunes y prevalencia de manifestaciones extrahepaticas
autoinmunes.

Montes Santiago J.; Gambon Deza F.; Garcia Garcia M.J.; Gonzalez Vazquez
L.; Hermo Brion J.A.; Perez Alvarez R.

Servicio de Medicina Interna, Hospital Meixoeiro, Vigo, Pontevedra.

CORRESP. AUTHOR/AFFIL: Montes Santiago J.: Servicio de Medicina Interna,
Hospital Meixoeiro, Vigo, Pontevedra.

CORRESP. AUTHOR EMAIL: jmontes@unimeixo.cesga.es

Anales de medicina interna (Madrid, Spain : 1984) (An Med Interna) (
Spain) July 1, 2000, 17/7 (343-346)

ISSN: 0212-7199

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: Spanish

8/3/96 (Item 72 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0067533379 EMBASE/Medline No: 8811638

Autoimmunity in hepatitis C and D virus infection.

Strassburg C.P.; Obermayer-Straub P.; Manns M.P.

Department of Gastroenterology, Zentrum Innere Medizin, Medizinische
Hochschule Hannover, Germany.

CORRESP. AUTHOR/AFFIL: Strassburg C.P.: Department of Gastroenterology,
Zentrum Innere Medizin, Medizinische Hochschule Hannover, Germany.

Journal of viral hepatitis (J. Viral Hepat.) (United Kingdom) March 1,
1996, 3/2 (49-59)

ISSN: 1352-0504

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 97

8/3/97 (Item 73 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0067229102 EMBASE/Medline No: 8049886

Use of interferon in the treatment of chronic viral hepatitis.
Gibas A.L.
Department of Medicine, University Hospitals of Cleveland, OH 44106.
CORRESP. AUTHOR/AFFIL: Gibas A.L.: Department of Medicine, University
Hospitals of Cleveland, OH 44106.

The Gastroenterologist (Gastroenterologist) (United States) June 1,
1993, 1/2 (129-142)
ISSN: 1065-2477
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 66

8/3/98 (Item 74 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067026159 EMBASE/Medline No: 8327866
Hepatitis serological finding "anti-HBc alone", circulating viral DNA and
interpretation of findings
Der Hepatitis-serologische Befund "Anti-HBc allein", zirkulierende virale
DNS und Befund-Interpretation.
Gross A.; Joller-Jemelka H.I.; Wicki A.N.; Grob P.J.
Departement fur Innere Medizin, Universitatsspital Zurich, Schweiz.
CORRESP. AUTHOR/AFFIL: Gross A.: Departement fur Innere Medizin,
Universitatsspital Zurich, Schweiz.

Schweizerische medizinische Wochenschrift (Schweiz Med Wochenschr) (
Switzerland) June 12, 1993, 123/23 (1193-1202)
ISSN: 0036-7672
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: German
NUMBER OF REFERENCES: 41

8/3/99 (Item 75 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0066823079 EMBASE/Medline No: 2491435
The spectrum of chronic hepatitis in the last two decades in a university
hospital for infectious diseases.
Scevola D.; Zambelli A.; Albiero D.; Gambino R.; Rondanelli E.G.
Istituto di Clinica delle Malattie Infettive, Universita di Pavia, Italy.
CORRESP. AUTHOR/AFFIL: Scevola D.: Istituto di Clinica delle Malattie
Infettive, Universita di Pavia, Italy.

Bollettino dell'Istituto sieroterapico milanese (Boll Ist Sieroter Milan
) (Italy) December 1, 1989, 68/3 (258-270)
ISSN: 0021-2547
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 31

8/3/100 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

32399921 PMID: 20021307

Strategies for differentiating infection in vaccinated animals (DIVA) for foot-and-mouth disease, classical swine fever and avian influenza.

Uttenthal Ase; Parida Satya; Rasmussen Thomas B; Paton David J; Haas Bernd; Dundon William G

National Veterinary Institute, Technical University of Denmark, Lindholm, DK-4771 Kalvehave, Denmark. asut@vet.dtu.dk

Expert review of vaccines (England) Jan 2010, 9 (1) p73-87, ISSN 1744-8395--Electronic 1476-0584--Linking Journal Code: 101155475

Publishing Model Print

Document type: Journal Article; Research Support, Non-U.S. Gov't; Review Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

8/3/101 (Item 2 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

19008309 PMID: 19195448

[Infections in immunosuppressed patients]

Infecciones en el paciente inmunodeprimido.

Marcos Maria Angeles; Alvarez-Martinez Miriam J; Niubo Jordi; Pumarola Tomas

Servicio de Microbiologia, Hospital Clinic, Barcelona, Espana. mmarcos@clinic.ub.es

Enfermedades infecciosas y microbiologia clinica (Spain) Jul 2008, 26 Suppl 9 p58-65, ISSN 0213-005X--Print 0213-005X--Linking Journal Code: 9104081

Publishing Model Print

Document type: English Abstract; Journal Article; Review

Languages: SPANISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

8/3/102 (Item 3 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

16564414 PMID: 15887642

[New investigations in suspected Creutzfeldt-Jakob disease. Analysis of 14-3-3 protein and T-tau in cerebrospinal fluid for safer diagnosis]

Nya utredningsmojligheter vid misstankt Creutzfeldt-Jakobs sjukdom. Likvoranalys av 14-3-3-protein och T-tau/P-tau-kvot ger sakrare diagnos.

Zetterberg Henrik; Hammarin Anna-Lena; Nilsson Petra; Andersson Elsa; Lind Borje; Blennow Kaj

Institutionen for klinisk neurovetenskap, Goteborgs universitet, Sweden. henrik.zetterberg@clinchem.gu.se

Lakartidningen (Sweden) Mar 21-Apr 3 2005, 102 (12-13) p956-8, 960-1, ISSN 0023-7205--Print 0023-7205--Linking Journal Code: 0027707

Publishing Model Print

Document type: Case Reports; English Abstract; Journal Article

Languages: SWEDISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

8/3/103 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

15665453 PMID: 14647716
[Advances in sepsis diagnosis and treatment]
Avancos no diagnostico e tratamento da sepse.
Carvalho Paulo R A; Trotta Eliana de A
Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, RS,
Brazil. carvalho.conex@uol.com.br
Jornal de pediatria (Brazil) Nov 2003, 79 Suppl 2 pS195-204, ISSN
0021-7557--Print 0021-7557--Linking Journal Code: 2985188R
Publishing Model Print
Document type: English Abstract; Journal Article; Review
Languages: PORTUGUESE
Main Citation Owner: NLM
Record type: MEDLINE; Completed

8/3/104 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

14137917 PMID: 16597284
Cerebrospinal fluid in critical illness.
Venkatesh B; Scott P; Ziegenfuss M
Intensive Care Facility, Division of Anaesthesiology and Intensive Care,
Royal Brisbane Hospital, Brisbane, Queensland. venkateshb@health.qld.gov.au
Critical care and resuscitation - journal of the Australasian Academy of
Critical Care Medicine (Australia) Mar 2000, 2 (1) p42-54, ISSN
1441-2772--Print 1441-2772--Linking Journal Code: 100888170
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: PubMed not MEDLINE

8/3/105 (Item 6 from file: 155) ✓
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13895812 PMID: 10981329
[Usefulness of autoantibodies in the study of autoimmune liver diseases
and prevalence of autoimmune extrahepatic manifestations]
Utilidad de los autoanticuerpos en el estudio de las enfermedades
hepaticas autoinmunes y prevalencia de manifestaciones extrahepaticas
autoinmunes.
Montes Santiago J; Gambon Deza F; Garcia Garcia M J; Gonzalez Vazquez L;
Hermo Brion J A; Perez Alvarez R
Servicio de Medicina Interna, Hospital Meixoeiro, Vigo, Pontevedra.
jmontes@unimeixo.cesga.es
Anales de medicina interna (Madrid, Spain - 1984) (SPAIN) Jul 2000, 17
(7) p343-6, ISSN 0212-7199--Print 0212-7199--Linking Journal Code:
9112183
Publishing Model Print
Document type: English Abstract; Journal Article
Languages: SPANISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

8/3/106 (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

10837423 PMID: 8372273
Noninfectious mimics of community-acquired pneumonia.
Lynch J P; Sitrin R G
Department of Internal Medicine, University of Michigan Medical Center,
Ann Arbor 48109-0360.
Seminars in respiratory infections (UNITED STATES) Mar 1993, 8 (1)
p14-45, ISSN 0882-0546--Print 0882-0546--Linking Journal Code: 8700961
Contract/Grant No.: P50-HL 46487; HL; NHLBI NIH HHS United States
Publishing Model Print
Document type: Journal Article; Research Support, U.S. Gov't, P.H.S.;
Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

8/3/107 (Item 8 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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06541012 PMID: 6269969 Record Identifier: 006405; 00106675
A review of enzyme changes in serum and urine due to treatment with
drugs (tuberculostatics, contraceptive medication, diagnostics and drugs in
real diseases).
Haschen R J
Folia medica Cracoviensia (POLAND) 1980, 22 (3-4) p279-91, ISSN
0015-5616--Print 0015-5616--Linking Journal Code: 0374617
Publishing Model Print TJ: FOLIA MEDICA CRACOVIENSIA.
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Other Citation Owner: PIP; POP
Abstract Source: PIP
Record type: MEDLINE; Completed

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8/7/11 (Item 11 from file: 5)
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17787827 BIOSIS NO.: 200400168584
Molecular signatures for diagnosis of infection: Application of microarray
technology.
AUTHOR: Campbell C J; Ghazal P (Reprint)
AUTHOR ADDRESS: The Scottish Centre for Genomic Technology and Informatics,
The University of Edinburgh, 49 Little France Crescent, The Chancellor's
Building, College of Medicine, Edinburgh, EH16 4SB, UK**UK
AUTHOR E-MAIL ADDRESS: p.ghazal@ed.ac.uk
JOURNAL: Journal of Applied Microbiology 96 (1): p18-23 2004 2004
MEDIUM: print
ISSN: 1364-5072
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Technological developments such as microarray-based DNA, RNA and protein detection have opened new fields in genomics and proteomics. This review aims to highlight the potential value and limitation of this methodology to design and extract signature-based
diagnostic ***markers*** for ***infectious*** disease.

8/7/13 (Item 13 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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16767404 BIOSIS NO.: 200200360915
Molecular diagnostics in infectious diseases and public health
microbiology: Cottage industry to postgenomics
AUTHOR: Gilbert Gwendolyn L (Reprint)
AUTHOR ADDRESS: Centre for Infectious Diseases and Microbiology, Institute of Clinical Pathology and Medical Research, Westmead Hospital, University of Sydney, Westmead, NSW, 2145, Australia**Australia
JOURNAL: Trends in Molecular Medicine 8 (6): p280-287 June, 2002 2002
MEDIUM: print
ISSN: 1471-4914
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Molecular methods have been used increasingly over the past ten years to improve the sensitivity and speed of diagnosis in
infectious diseases. Although their routine use is still limited to the detection of pathogens that are difficult to culture in vitro, 'real-time' methods, commercial kits, quantification and automation will increase potential applications. Molecular methods are now widely used for epidemiological fingerprinting of isolates of public health importance. Sequence-based identification and strain typing, together with the development of tools that can probe for thousands of markers, will allow detailed strain fingerprinting to assist in disease management and control.

8/7/20 (Item 20 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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13050766 BIOSIS NO.: 199598518599
Autoimmune hepatitis versus viral hepatitis C
AUTHOR: Strassburg C Pl; Manns M P (Reprint)
AUTHOR ADDRESS: Medizinische Hochschule Hannover, Dep. Gastroenterol., Konstanty-Gutschow-Str. 8, 30625 Hannover, Germany**Germany
JOURNAL: Liver 15 (5): p225-232 1995 1995
ISSN: 0106-9543
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Numerous viruses are capable of inducing the syndrome of chronic
hepatitis . Among them are the ***hepatitis*** B, C and D viruses. Out of the most common agents of chronic hepatitis, the hepatitis C virus has been found to be strikingly associated with autoimmune diseases and serological ***markers*** of autoimmunity. Conversely, the syndrome of genuine autoimmune hepatitis lacks evidence of previous or ongoing virus infection and is

diagnosed by additionally excluding metabolic, toxic, and genetic causes of chronic hepatitis, and by the response to immunosuppressive treatment. This ***review*** article summarizes the current knowledge of hepatotropic virus-induced autoimmunity. It focuses on the present molecular and immunological definitions, the clinical and molecular distinction between autoimmune hepatitis and chronic viral hepatitis and the implications for the safe and efficacious therapy of these disease entities.

8/7/27 (Item 3 from file: 73)
DIALOG(R) File 73:EMBASE
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0083245996 EMBASE/Medline No: 2008247759
Infectious complications of acute and chronic GVHD
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Best Practice and Research: Clinical Haematology (Best Pract. Res. Clin. Haematol.) (United Kingdom) June 1, 2008, 21/2 (343-356)
CODEN: BPRCA ISSN: 1521-6926
PUBLISHER ITEM IDENTIFIER: S1521692608000297
DOI: 10.1016/j.beha.2008.02.017
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 47

Immune defects prolonged by treatment regimens for graft-versus-host disease (GVHD) include cell-mediated immunity and hypogammaglobulinemia. Infections have become increasingly important during GVHD therapy, paradoxically because the success of immunosuppressive practice has led to improved survival. Infections originate from both endogenous and exogenous sources. Regimens for prevention of infection include: (a) continued surveillance monitoring for infections with reliable diagnostic testing, and (b) antimicrobial prophylaxis for those pathogens without ***markers*** that could be followed for surveillance. Repeated episodes of the same infection, diagnosis of a new life-threatening infection, or specific underlying hematologic diagnoses should prompt a look for gross immunoglobulin deficiency that could be corrected in the short term by immunoglobulin therapy. At times, measurement of CD4 SUP + lymphocyte counts will assist in determining whether augmented prophylaxis is warranted. Since their efficacy may be ***limited***, vaccine injections are not given during the immunosuppression associated with GVHD therapy, with the exception of ***influenza***. (c) 2008 Elsevier Ltd. All rights reserved.

8/7/29 (Item 5 from file: 73)
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0083233602 EMBASE/Medline No: 2009445769

Diagnosis and causal treatment of sepsis

Diagnose und kausale therapie der sepsis

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Internist (Internist) (Germany) July 1, 2009, 50/7 (810-816)

CODEN: INTEA ISSN: 0020-9554

DOI: 10.1007/s00108-008-2287-5

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: German SUMMARY LANGUAGE: English; German

NUMBER OF REFERENCES: 24

The high mortality and morbidity of severe sepsis and septic shock had not been reduced during the two recent decades, despite a number of advances in the field of supportive and adjunctive sepsis therapies. The reason might be that important steps towards overcoming of sepsis - early diagnosis, surgical resection of the infectious focus and an adequate antibiotic treatment - at present are still suboptimal and have to be improved. However, worldwide growing resistances of pathogens against the common antibiotics are detected. In opposite, no major progress in the development of new antibiotics, mainly for the treatment of Gram-negative non-fermenter infections like *Pseudomonas aeruginosa*, can be

predicted for the next years. Therefore, sepsis treatment must be focused on prevention of infection, and on an optimised application of current antibiotic substances. The key factors are a broad, high dose, and early applicated initial treatment, a de-escalation strategy according to the clinical course supported by the application of novel molecular markers, and - with exceptions - a limitation of treatment to 7 to 10 days. A closer cooperation between microbiologists, infection control specialists and clinical infectious disease consultants may be a key factor to overcome the raising problems in the future. (c) 2009 Springer Medizin Verlag.

8/7/34 (Item 10 from file: 73)

DIALOG(R)File 73:EMBASE

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0082245119 EMBASE/Medline No: 2008035942

Viruses and other infections in stillbirth: What is the evidence and what should we be doing?

ISSUE TITLE: Perinatal and Paediatric Pathology

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; Howard J.; Morris J.M.

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Pathology (Pathology) (United Kingdom) February 1, 2008, 40/2
(149-160)

CODEN: PTLGA ISSN: 0031-3025 eISSN: 1465-3931

PUBLISHER ITEM IDENTIFIER: 789665713

DOI: 10.1080/00313020701813792

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 108

In Australia, as in other developed countries, approximately 40-50% of stillbirths are of unknown aetiology. Emerging evidence suggests stillbirths are often multifactorial. The absence of a known cause leads to uncertainty regarding the risk of recurrence, which can cause extreme anguish for parents that may manifest as guilt, anger or bewilderment. Further, clinical endeavours to prevent recurrences in future pregnancies are impaired by ***lack*** of a defined aetiology. Therefore, efforts to provide an aetiological diagnosis of stillbirth impact upon all aspects of care of the mother, and inform many parts of clinical decision making. Despite the magnitude of the problem, that is 7 stillbirths per 1000 births in Australia, diagnostic efforts to discover viral aetiologies are often minimal. Viruses and other ***difficult*** to culture organisms have been postulated as the aetiology of a number of obstetric and paediatric conditions of unknown cause, including stillbirth. Reasons forwarded for testing stillbirth cases for infectious agents are non-medical factors, including addressing all parents' need for diagnostic closure, identifying infectious agents as a sporadic cause of stillbirth to reassure parents and clinicians regarding risk for future pregnancies, and to reduce unnecessary testing. It is clear that viral agents including rubella, human cytomegalovirus (CMV), parvovirus B19, herpes simplex virus (HSV), lymphocytic choriomeningitis virus (LCMV), and varicella zoster virus (VZV) may cause intrauterine deaths. Evidence for many other agents is that minimal or asymptomatic infections also occur, so improved ***markers*** of adverse outcomes are needed. The role of other viruses and difficult-to-culture organisms in stillbirth is uncertain, and needs more research. However, testing stillborn babies for some viral agents remains a useful adjunct to histopathological and other examinations at autopsy. Modern molecular techniques such as multiplex PCR, allow searches for multiple agents. Now that such testing is available, it is important to assess the clinical usefulness of such testing. (c) 2008 Royal College of Pathologists of Australasia.

8/7/43 (Item 19 from file: 73)

DIALOG(R)File 73:EMBASE

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0080931368 EMBASE/Medline No: 2005576384

Laboratory diagnosis of viral hepatitis B and C

Laboratorijska dijagnostika virusnih hepatitisa B i C

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Acta Medica Croatica (Acta Med. Croat.) (Croatia) December 1, 2005,
59/5 (405-412)
CODEN: AMCRE ISSN: 1330-0164
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: Croatian SUMMARY LANGUAGE: English; Croatian
NUMBER OF REFERENCES: 29

Accurate diagnosis of viral hepatitis is based on determination of specific viral markers. In HBV infection they include HBsAg, anti-HBs, HBeAg, anti-HBe, anti-HBc, IgM anti-HBc, and HBV DNA. There are patients with HBV marker constellation indicating serologic recovery, but with HBV DNA in the liver indicating continuous viral replication. Mutations have been described in all four HBV genes. It is important to take into account the main precore mutation which leads to a decrease or complete inhibition of HBeAg production (HBeAg negative HBV infection). Diagnostically most important are surface gene mutations because they can result in the false diagnosis or delay in diagnosis in important groups of patients. Anti-HCV and HCV RNA are found in sera of patients with HCV infection. A false positive result is possible with ELISA, especially in patients with low c/o ratio and in all individuals with a low risk of HCV infection. It is necessary to confirm ELISA positivity with confirmation techniques (western blot, immunoblot). There are qualitative and quantitative assays for HCV RNA determination. HCV genotyping should be done, since different viral genotypes respond differently to therapy and therapeutic protocols are different. It is possible to determine HCVAg free or complexed with the antibody. Determination of free HCVAg could enable the ***diagnosis*** of acute HCV infection. There are some clinical situations where the interpretation of HBV and HCV markers is difficult because of ambiguous interpretation and >>unusual<< constellation. Attention should be focused on simultaneous infection within other hepatitis viruses or other viruses like HIV. Replication of one virus could have a direct influence on the replication and expression of another virus.

8/7/45 (Item 21 from file: 73)
DIALOG(R)File 73:EMBASE
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0080873011 EMBASE/Medline No: 2005517666
Role of anti-infective strategies in the prevention of stroke
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Current Treatment Options in Cardiovascular Medicine (Curr. Treat.
Options Cardiovasc. Med.) (United Kingdom) July 1, 2005, 7/3 (187-195)
CODEN: CTOCC ISSN: 1092-8464
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 29

Case-control studies and a few prospective studies have indicated that chronic infections may add to the risk of stroke and that acute infections may act as trigger factors for stroke. Such chronic infections include periodontal disease, infection with Chlamydia pneumoniae or Helicobacter

pylori, and chronic bronchitis. A causal role of these infectious diseases has not been proved, given conflicting study results, possible residual confounding in observational studies, and the lack of evidence from interventional trials. Therefore, special treatment regimens for stroke prevention based on serologic or genomic evidence of infection are not indicated outside of randomized studies at present. However, the preliminary available evidence suggests that in patients with previous cerebral ischemia, clinically diagnosed chronic infections should be taken seriously and should receive the treatment that is indicated according to current guidelines. This may include appropriate treatment of moderate or severe periodontitis and of chronic bronchitis. Inflammatory parameters (eg, C-reactive protein, leukocyte count, fibrinogen) are independently associated with the risk of first or recurrent stroke. The question of whether these indexes are causally related to stroke or merely represent risk ***markers*** is not sufficiently clarified. Their use in monitoring individual risk in daily clinical practice is limited at present by the lack of clearly defined therapeutic strategies to modify these parameters, although statins and other drugs can influence inflammatory ***markers***. Observational studies have shown that influenza vaccination is significantly and independently associated with a reduced risk of stroke and myocardial infarction. Although interventional studies in stroke are lacking, it is recommendable that in accordance with current guidelines patients with previous vascular disease, including stroke, patients with high risk of stroke, and all subjects above age 60, receive an ***influenza*** vaccination annually.

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8/7/53 (Item 29 from file: 73)
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0080400761 EMBASE/Medline No: 2005044908
Rapid tests for detection of viral markers in blood transfusion
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Expert Review of Molecular Diagnostics (Expert Rev. Mol. Diagn.) (United Kingdom) January 1, 2005, 5/1 (31-41)
CODEN: ERMDC ISSN: 1473-7159
DOI: 10.1586/14737159.5.1.31
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 52

Since the early 1990s, rapid tests have been available for detection of HIV infection. They were intended for field ***diagnosis***, emergency and home testing. In addition, rapid tests for anti-HIV, hepatitis B surface antigen and antihepatitis C virus have been used for blood screening in many resource-poor areas to save resources and overcome lack of funding, equipment and electrical supply. The performance of rapid tests varies widely but some have sensitivity and specificity levels that meet standards established by enzyme immunoassays for anti-HIV. Compared with genomic detection of hepatitis B virus, hepatitis B surface antigen rapid tests and enzyme immunoassays have insufficient sensitivity.

The clinical consequences of this performance deficit remain to be clarified. Antihepatitis C virus rapid tests detect chronically infected individuals who are viremic, however, further studies are required to fully assess their performance. In settings where few blood donations are collected and equipment is unavailable, rapid tests provide a flexible, technically undemanding and relatively inexpensive approach to ensuring a safer blood supply. When utilized for predonation screening in areas of high endemicity of viral markers, rapid tests provide the means to limit blood bag wasting, store only clinically usable blood and inform and counsel deferred donors. As with any laboratory assay, adequate training and sustained quality assurance programs are critical to maintain a safe supply of blood. As a means of achieving a safe blood supply, rapid tests for viral markers and nucleic acid testing have a place next to classic enzyme immunoassays in the definition of strategies that are adapted to a setting's epidemiology, the size and type of donor base, equipment, staff training and resources.

8/7/63 (Item 39 from file: 73)
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0079022662 EMBASE/Medline No: 2002186359

Biological markers of infection in critically ill adult patients: Role of procalcitonin

Marqueurs biologiques de l'infection en reanimation chez l'adulte: Place de la procalcitonine

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Reanimation (Reanimation) (France) June 5, 2002, 11/3 (156-171)

CODEN: REANF ISSN: 1624-0693

DOI: 10.1016/S1624-0693(02)00227-X

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: French SUMMARY LANGUAGE: English; French

NUMBER OF REFERENCES: 85

Procalcitonin, a precursor of calcitonin, was initially proposed as a new ***marker*** of systemic inflammatory response to bacterial infection. While both procalcitonin site production and physiological role remain unclear, its interest has been evaluated in numerous studies including critically-ill patients with infection, shock, pancreatitis, major trauma, surgery and burns. Indeed, in all these situations, it is ***difficult*** to establish the possible ***infectious*** origin of inflammatory response. Literature data seem to confirm that procalcitonin is a better marker of inflammation than C-reactive protein or cytokines, both as prognosis and ***diagnosis*** aid. Repeated measurements are more useful than single values. Nevertheless, due to its poor sensitivity and low specificity in localised infection, procalcitonin is not the magical ***marker***. Moreover, elevated procalcitonin levels can be observed in case of systemic inflammatory response associated with non ***infectious*** process. (c) 2002 E(c)ditions scientifiques et me(c)dicales Elsevier SAS.

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 S4 117 S1 AND (REVIEW? OR OVERVIEW?)
 S5 75 RD S4 (unique items)
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11/7/1 (Item 1 from file: 5)
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10121122 BIOSIS NO.: 199089039013
 ANTIBODIES TO AXONAL NEUROFILAMENTS IN CREUTZFELDT-JAKOB DISEASE AND OTHER
 ORGANIC DEMENTIAS
 AUTHOR: MITROVA E (Reprint); MAYER V
 AUTHOR ADDRESS: RESEARCH INST PREVENTIVE MED, BRATISLAVA, CZECHOSLOVAKIA**
 CZECHOSLOVAKIA
 JOURNAL: Acta Virologica 33 (4): p371-374 1989
 ISSN: 0001-723X
 DOCUMENT TYPE: Article
 RECORD TYPE: Abstract
 LANGUAGE: ENGLISH

ABSTRACT: Antibodies reacting with neurofilament proteins were detected by
 indirect immunofluorescence in the sera from 6 out of 10 patients with
 verified Creutzfeldt-Jakob disease (CJD). in 4 out of 8 cases of
 Alzheimer's disease (AD), in a variable percentage (29.4-42.8%) of sera
 from patients (n = 46) with other dementias of organic or
 infectious origin and in 5 out of 30 asymptomatic relatives of CJD
 patients. The occurrence of this antibody did not ***correlate*** with
 the duration or with any other clinical manifestation of CJD. The
 applicability of the test as differential-diagnostic marker
 appears ***limited***. The later development of CJD and mental or nervous

disease in 3 of 5 asymptomatic relatives with positive serological reaction suggest that the method although nonspecific, may be of certain value in the search for persons at higher risk to develop a degenerative disorder of CNS.

11/7/2 (Item 2 from file: 5)
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10101822 BIOSIS NO.: 199089019713
VAGINAL PH A MARKER OF PRETERM PREMATURE RUPTURE OF THE MEMBRANES
AUTHOR: ERNEST J M (Reprint); MEIS P J; MOORE M L; SWAIN M
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HAWTHORNE RD, WINSTON-SALEM, NC 27103, USA**USA
JOURNAL: Obstetrics and Gynecology 74 (5): p734-738 1989
ISSN: 0029-7844
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Preterm premature rupture of the membranes (PROM) is a common predecessor of preterm or low birth weight (LBW) birth, yet the risk of preterm PROM is presently ***unpredictable***. Numerous ***infectious*** organisms that change the normal vaginal milieu have been associated with preterm PROM. Because these organisms alter vaginal pH, the use of pH was evaluated as a potential marker for women at increased risk for preterm PROM. Among 115 women at high risk for an LBW birth, those with a mean vaginal pH above 4.5 had a threefold increased risk of preterm PROM as compared with those with a mean pH of 4.5 or lower. Vaginal pH may be a useful ***marker*** to ***predict*** a woman's risk for preterm PROM.

11/7/3 (Item 3 from file: 5)
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09794417 BIOSIS NO.: 198988109532
DIRECT METHODS FOR DETECTION OF HIV-1 INFECTION
AUTHOR: HJELLE B (Reprint); BUSCH M
AUTHOR ADDRESS: DEP PATHOLOGY, UNIV NEW MEXICO SCH MED, 337-BRF,
ALBUQUERQUE, NM 87131, USA**USA
JOURNAL: Archives of Pathology and Laboratory Medicine 113 (9): p975-980
1989
ISSN: 0363-0153
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: The detection of human immunodeficiency virus type 1 (HIV-1) antibodies has proved to be a highly sensitive and specific means for the ***diagnosis*** of HIV-1 infection. Serologic methods have ***limitations*** in several specific clinical situations, however. In response to these problems, a wide variety of alternative diagnostic tests has been developed that detect infectious virus or structural components of the virus. All of the macromolecular constituents of HIV-1, DNA, RNA, and protein, have served as ***markers*** for the presence of the virus. In this article, we review the use of such direct methods and attempt to determine the likely place for each class of direct test in the ***diagnostic*** armamentarium.

11/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09558577 BIOSIS NO.: 198987006468
SEVERE HEPATITIS ASSOCIATED WITH EPSTEIN-BARR VIRUS IN CHILDHOOD
AUTHOR: WANG D-M (Reprint); ZHENG P-J
AUTHOR ADDRESS: CHILDREN'S HOSP, SHANGHAI MED UNIV, SHANGHAI**CHINA
JOURNAL: Chinese Medical Journal (English Edition) 101 (6): p454-455
1988
ISSN: 0366-6999
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Clinical hepatitis caused by Epstein-Barr virus (EBV) has been recognized in the past and is usually benign. We described two children, 2 and 6 years of age with severe EBV hepatitis and hemolysis. One child died of hepatic failure. A liver biopsy obtained during the recovery stage in the other child showed focal necrosis of hepatocytes with mononuclear cell infiltration. Fever and atypical lymphocytes were not found in either patient. An anti-VCA-IgM identified by indirect immunofluorescence was strongly positive in both patients. Herpes simplex antibody and HBV ***markers*** were negative. EBV infection as a cause of severe Hepatitis may be missed in children lacking an infectious mononucleosis-like syndrome unless this diagnosis is considered and serological examination is done.

11/7/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09252313 BIOSIS NO.: 198886092234
FREE KAPPA AND LAMBDA LIGHT CHAIN LEVELS IN THE CEREBROSPINAL FLUID OF PATIENTS WITH MULTIPLE SCLEROSIS AND OTHER NEUROLOGICAL DISEASES
AUTHOR: FAGNART O C (Reprint); SINDIC C J M; LATERRE C
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JOURNAL: Journal of Neuroimmunology 19 (1-2): p119-132 1988
ISSN: 0165-5728
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Free kappa and lambda light chains were assayed by particle-counting immunoassay in cerebrospinal fluid (CSF) from patients with various neurological disorders. Detection limits were 25 and 50 ng/ml, respectively. Values of free kappa chain were higher than 50 ng/ml (upper reference limit) in 155 of 191 (81%) multiple sclerosis (MS) patients, in 100 of 168 (60%) patients with central nervous system (CNS) infections but in 41 of 217 (19%) patients with other neurological disorders. Free kappa chains were also assayed in 273 matched sera. The mean concentration in the control group (1.58 µg/ml; SD: 0.41) did not differ significantly from those in MS sera (1.63 µg/ml; SD: 0.43). The free kappa chain index was increased in 86% of MS patients and in 40% of patients with CNS infections. Regarding free lambda chains, CSF values were higher than 240 ng/ml (upper reference limit) in most neurological disorders (50-100%). However, the use of a lambda chain index increased the specificity of the assay as this index was higher

than the upper reference value in 86% of MS patients and in only 23% of patients with ***infectious*** diseases. In MS, high levels of free kappa and lambda indices ***correlated*** significantly ($P < 0.01$) with either the presence of oligoclonal bands or a high IgG index. Local synthesis of free light chains is an additional marker of an ongoing immune response within the CNS, especially in MS.

11/7/6 (Item 6 from file: 5)
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09228865 BIOSIS NO.: 198886068786
FREQUENT LOSS AND RESTORATION OF ANTIBIOTIC PRODUCTION BY
STREPTOMYCES-LASALIENSIS
AUTHOR: KINASHI H (Reprint); OTTEN S L; DUNCAN J S; HUTCHINSON C R
AUTHOR ADDRESS: MITSUBISHI-KASEI INST LIFE SCI, 11 MINAMIOOYA, MACHIDA-SHI,
TOKYO, JPN**JAPAN
JOURNAL: Journal of Antibiotics (Tokyo) 41 (5): p624-637 1988
ISSN: 0021-8820
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Antibiotic nonproducing variants of *Streptomyces lasaliensis* NRRL 3382R, which makes the polyether antibiotic lasalocid A (Las) and the quinoxaline antibiotic echinomycin (Ech), arose at a frequency of 3 .apprx. 11% after treatment with three different mutagens or regeneration of protoplasts compared with a spontaneous frequency of $< 0.1\%$. Cosynthesis of lasalocid A was not observed upon testing a large number of Las- mutants in different pair-wise combinations, nor did these mutants accumulate probable intermediates of lasalocid A biosynthesis. These results suggest that loss of the las genes or their expression is induced at a high frequency by mutagenic treatments. In fusions of protoplasts of a strain with the las+ ech+ spo+ nic-1 rif-3 markers with strains bearing the Las- LasS Ech- Bld- (or spo+) str-1 ***markers***, Las+ Ech+ Spo+ StrR progeny were produced at a 61 .apprx. 89% frequency compared with a 1 .apprx. 9% frequency of StrR antibiotic producing progeny with the nic-1 or rif-3 genotypes. The more frequent restoration of antibiotic production than prototrophy or rifampicin sensitivity indicates that these antibiotic characters did not behave as normal chromosomal ***markers***. Therefore the genetic instability might be due to the involvement of a plasmid in antibiotic production. The apparent lack of infectious transfer of the Las+ character to Las- parents in conjugal matings between the few strains tested and no correlation between the presence of a large plasmid, pKSL, and lasalocid A production in several strains of *S. lasaliensis* do not favor the latter hypothesis, but they do not conclusively disprove it. Consequently, we suggest that a plasmid or another mobile genetic element is controlling antibiotic production in *S. lasaliensis*.

11/7/7 (Item 7 from file: 5)
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08080230 BIOSIS NO.: 198681044121
SEROLOGICAL DIAGNOSIS OF ACUTE VIRAL HEPATITIS
AUTHOR: HOOFNAGLE J H (Reprint); PONZETTO A; MATHIESEN L R; WAGGONER J G;
BALES Z B; SEEFF L B
AUTHOR ADDRESS: LIVER DISEASES SECT, BUILD 10, ROOM 4-D-52, NIH, BETHESDA,

MD 20205, USA**USA
JOURNAL: Digestive Diseases and Sciences 30 (11): p1022-1027 1985
ISSN: 0163-2116
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Fifty cases of symptomatic acute viral hepatitis presenting at the Washington, D.C, Veterans Administration Medical Center between 1976 and 1978 were tested for serological markers of hepatitis virus infection. The etiology of the acute hepatitis appeared to be hepatitis A virus in 20%, hepatitis B virus in 52%, non-A, non-B agents in 22%, delta hepatitis in 4%, and ***infectious*** mononucleosis in 2%. The diagnosis of type B hepatitis was difficult to verify because 10% of cases were seronegative for HBsAg and another 10% were seronegative by conventional testing for IgM antibody to hepatitis B core antigen (a putative ***marker*** of acute hepatitis B virus infection). Accurate serodiagnosis of acute viral hepatitis depends upon the correct application of testing for IgM antibody to hepatitis A virus, IgM antibody to hepatitis B core antigen, HBsAg, and tests for syphilis and mononucleosis.

11/7/8 (Item 8 from file: 5)
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06663075 BIOSIS NO.: 198274079498
LOCALIZATIONS OF PLEURO PULMONARY LUPUS ANALYTICAL STUDY DISCUSSION OF
ETIOLOGY AND PATHOLOGY GUIDE TO PRACTICAL MANAGEMENT
AUTHOR: FOURNIER M (Reprint); SOLAL P; VIAU F; PARIENTE R
AUTHOR ADDRESS: SERV PNEUMOL REANIMATION FRA 36 INSERM, HOP BEAUJON, 100,
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JOURNAL: Revue Francaise des Maladies Respiratoires 9 (3): p201-217
1981
ISSN: 0301-0279
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: FRENCH

ABSTRACT: Essential features of thoracic disseminated lupus erythematosus (LED) are the varied radiological signs, increased frequency of pleural involvement, virtual absence of specific histological lesions and constance of associated involvement with infectious processes of all sorts. Mediastinal lupus is not considered here. ***Diagnosis*** of pleuropulmonary involvement remains difficult, and in the majority of patients, it is the reasoning of probability which prevails; the 1st step in this diagnostic approach is the enumeration of any ***infectious*** process. Pleural effusions of systemic lupus have the following in common: sterility, a profusion of lymphocytes, and the biochemical profile of an exudate. This exudate of serum components also accounts for the presence in the pleura of antinuclear antibodies in variable titer, whatever the cause of the exudate, and prevents it being a local marker of systemic lupus; pleural granulomas are usually absent. The multiplicity of radiological presentations and, in the majority of cases, the lack of histological information on the pulmonary parenchymal lesions make any coherent classification ***difficult***, however tentative. An exception to this general imprecision is shown by the widespread and hemorrhagic form of the lung disease. Though rare and serious, they are the best described, including the histology: the interstitial pathology is minor, the vascular lesions

frequent and diffuse intraalveolar hemorrhage the constant and defining factor. The interest aroused by this form of the disease relates to its presumed pathogenesis. Direct and indirect evidence suggest that this is the prototype for acute pulmonary involvement due to the formation of immune complexes. Direct evidence stems from observations with EM and light microscopy (with immunofluorescence); using these, granular deposits of Ig and complement can be seen along the length of the alveolar basement membrane and pulmonary capillaries. Indirect evidence is derived from experimental diseases produced in rodents, with identical histological and immunological profiles, inducing the formation and deposition of immune complexes. The absence of specific histological and biochemical criteria of pleuropulmonary involvement in systemic lupus leads to the adoption of a pragmatic clinical approach centered first on the elimination of an infectious process. This attitude leads, in appropriate clinical situations, to successive therapeutic trials, dominated in the last resort by steroids alone or in combination with immunosuppressive drugs. The most serious forms may justify the simultaneous prescription of steroids and antibiotics, including antituberculous drugs.

11/7/9 (Item 9 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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05161021 BIOSIS NO.: 197764009377
TRANSFUSION ASSOCIATED CYTOMEGALOVIRUS MONONUCLEOSIS
AUTHOR: LERNER P I; SAMPLINER J E
JOURNAL: Annals of Surgery 185 (4): p406-410 1977
ISSN: 0003-4932
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: Transfusion-associated cytomegalovirus mononucleosis generally occurs as a complication of extracorporeal circulation following cardiac surgery. Three cases following trauma were recognized in < 1 yr. Massive and ***limited*** volume blood transfusions were involved. Hectic fever was a characteristic feature in these otherwise remarkably asymptomatic individuals without the classic features of heterophile-positive ***infectious*** mononucleosis. Since the illness developed several weeks into the post-operative period after extensive thoracic or abdominal trauma surgery, the presence of an undrained abscess was the major ***diagnostic*** concern. Atypical lymphocytosis, ***markers*** of altered immunity (cold agglutinins, rheumatoid factor) and moderate hepatic dysfunction were important laboratory clues. In 1 case focal isotope defects in the spleen scan misleadingly suggested a septic complication. A false-positive monospot test initially obscured the correct serologic ***diagnosis*** in the same patient. Failure to consider this self-limited viral infection may be a critical factor leading to unnecessary surgery. Other viral agents [Epstein Barr, rubeola and Colorado tick fever viruses] capable of eliciting a similar syndrome are cited.

11/7/10 (Item 10 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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0001238062 BIOSIS NO.: 19623900011223
Investigations of the reproductive capacity temperature marker of

polioviruses
AUTHOR: CARP R I; KOPROWSKI H
AUTHOR ADDRESS: Wistar Inst., Philadelphia, Pa.
JOURNAL: VIROLOGY 16 ((4)): p371-383 1962 1962
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: The effects of increased incubation temperature upon the replication cycle of an rct/40" and an rct/40+ strain were studied. It was found with CHAT, the rct/40 strain, that the higher temperatures did not inhibit the rate at which the virus was absorbed or at which it entered into the eclipse phase of its reproductive cycle. The production of infectious CHAT-RNA by infected cells, however, was found to be markedly reduced at 40[degree]C as compared to 37[degree]. With Mahoney, an rct/40+ strain, similar amounts of infectious RNA were produced at the two temperatures. The plating efficiency of Mahoney was improved if infected monolayers were incubated for a short time at the higher temperature, a result which may be correlated with the observation that a temperature of 40[degree] appears to stimulate the entrance of virus into the eclipse phase. A sensitive test of the "rct" ***marker*** was developed, employing an increased incubation temperature for a ***limited*** period of time during the early part of plaque formation. The effect of deuterium oxide upon the replication cycle of poliovirus was studied. Of particular interest was the fact that CHAT virus replicated and formed plaques at 40[degree] if infected cells were deuterated. The progeny of CHAT plaques which developed at 40[degree] showed an increased tendency (compared to parental virus) to form plaques after limited exposure of infected monolayers to 40[degree]. ABSTRACT
AUTHORS: Authors

11/7/11 (Item 1 from file: 73)
DIALOG(R) File 73:EMBASE
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0075448881 EMBASE/Medline No: 1993228437
Noninfectious mimics of community-acquired pneumonia
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Seminars in Respiratory Infections (SEMIN. RESPIR. INFECT.) (United States) August 21, 1993, 8/1 (14-45)
CODEN: SRINE ISSN: 0882-0546
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

A broad spectrum of diseases and clinical syndromes can masquerade as community-acquired pneumonia (CAP). Many such disorders, such as hypersensitivity pneumonitis (HP), chronic eosinophilic pneumonia (CEP), bronchiolitis obliterans-organizing pneumonia (BOOP), reactions to drugs or exogenous agents, systemic vasculitis, and alveolar hemorrhage (AH; pulmonary-renal) syndromes, are immune-mediated and warrant treatment with corticosteroids or immunosuppressive agents. In addition, rare neoplastic and lymphoproliferative disorders, and conditions of uncertain etiology (eg, pulmonary alveolar proteinosis [PAP]) may have clinical and radiographic features that overlap with infectious causes of

pneumonia. Distinguishing ***infectious*** from noninfectious causes of pneumonia may be difficult, and requires the use of ancillary serologic studies and often histologic material to establish a precise etiologic ***diagnosis***. For some of these disorders (particularly Wegener's granulomatosis [WG], systemic necrotizing vasculitis [SNV]), and antiglomerular basement antibody disease [anti-GBM disease]), serologic markers are invaluable in confirming the diagnosis and monitoring the course of the disease. In this report, we review the salient clinical and histologic features of these diverse diseases, and present a ***diagnostic*** and therapeutic approach.

11/7/12 (Item 2 from file: 73)
DIALOG(R) File 73:EMBASE
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0074086955 EMBASE/Medline No: 1989267458

Plasminogen activators and plasminogen activator inhibitors in liver deficiencies caused by chronic alcoholism or infectious hepatitis
Tran-Thang C.; Fasel-Felley J.; Pralong G.; Hofstetter J.-R.; Bachmann F.; Kruithof E.K.O.

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Thrombosis and Haemostasis (THROMB. HAEMOST.) (Germany) November 29, 1989, 62/2 (651-653)

CODEN: THHAD ISSN: 0340-6245

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

Plasma concentrations of tissue-type plasminogen activator (t-PA), urokinase (u-PA), plasminogen activator inhibitor 1 (PAI-1) and PAI-2 were studied in 53 patients with liver deficiency caused by chronic alcoholism (n = 40), viral hepatitis (n = 10) or malignant disease of the liver (n = 3) and compared to that of a control group (n = 20) of healthy subjects. u-PA and PAI-1 levels were significantly increased in all patients with chronic alcoholism, whereas high t-PA was only observed in combination with disturbed liver function tests or with liver cirrhosis (two and six-fold above control values, respectively). A good ***correlation*** was observed between t-PA and gamma glutamyl transferase ($r = 0.615$; $p < 0.001$). In patients with infectious hepatitis or with malignant disease of the liver t-PA was normal whereas u-PA and PAI-1 were increased. PAI-2 levels were close to or below the detection limit (15 ng/ml) in the control group and in most patients. However, in two patients with alcohol induced cirrhosis PAI-2 levels were approximately 45 ng/ml and in one patient with hepatocarcinoma even 66 ng/ml. Thus, in liver disease, marked elevations of t-PA, u-PA and PAI-1 levels may occur, with increased PAI-1 as an early ***marker*** of liver defects and t-PA a marker of severe liver defects.

11/7/13 (Item 3 from file: 73)
DIALOG(R) File 73:EMBASE
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0070245546 EMBASE/Medline No: 1975029267

Lysozyme measurements in burned patients. Their prognostic significance
LA LYSOZYMURIE CHEZ LE BRULE. VALEUR PRONOSTIQUE
Guilbaud J.; Blancard J.S.; Monteil R.

Hop. Milit. Percy, Clamart, France:
CORRESP. AUTHOR/AFFIL: Hop. Milit. Percy, Clamart, France

Annales de Chirurgie Plastique (ANN. CHIR. PLAST.) December 1, 1974,
19/2 (147-153)
CODEN: APLSA ISSN: 0003-3960
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: French

A systematic study of muramidase activity in the urine of burn patients was undertaken. It showed lysozyme as undoubtedly a ***marker*** corresponding to complex biochemical alterations in function. A positive correlation of lysozyme values and severity of the clinical picture was established, whether the latter was due to the extent of the burn itself or caused by a complication such as digestive hemorrhage, decompensation of a previous disease, cirrhosis, heart disease, clinical manifestation of a malignant process, severe infectious complication or delirium tremens. Increase in the urinary muramidase activity, however, will occur prior to the clinical crisis in an ***unpredictable*** manner. Moreover, it gives no indication of the nature of the complication involved. Its significance is therefore that of a biological ***marker*** and as an index of severity, and it has an unquestionable prognostic value.

11/7/14 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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10837423 PMID: 8372273
Noninfectious mimics of community-acquired pneumonia.
Lynch J P; Sitrin R G
Department of Internal Medicine, University of Michigan Medical Center,
Ann Arbor 48109-0360.
Seminars in respiratory infections (UNITED STATES) Mar 1993, 8
(1) p14-45, ISSN 0882-0546--Print 0882-0546--Linking Journal Code:
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Review

Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
A broad spectrum of diseases and clinical syndromes can masquerade as community-acquired pneumonia (CAP). Many such disorders, such as hypersensitivity pneumonitis (HP), chronic eosinophilic pneumonia (CEP), bronchiolitis obliterans--organizing pneumonia (BOOP), reactions to drugs or exogenous agents, systemic vasculitis, and alveolar hemorrhage (AH; pulmonary-renal) syndromes, are immune-mediated and warrant treatment with corticosteroids or immunosuppressive agents. In addition, rare neoplastic and lymphoproliferative disorders, and conditions of uncertain etiology (eg, pulmonary alveolar proteinosis [PAP]) may have clinical and radiographic features that overlap with infectious causes of pneumonia. Distinguishing ***infectious*** from noninfectious causes of pneumonia may be difficult, and requires the use of ancillary serologic studies and often histologic material to establish a precise etiologic ***diagnosis***. For some of these disorders (particularly Wegener's granulomatosis [WG], systemic necrotizing vasculitis [SNV], and antiglomerular basement antibody disease [anti-GBM disease]), serologic markers are invaluable in confirming the diagnosis and monitoring the course of the disease. In this report, we review the salient

clinical and histologic features of these diverse diseases, and present a
diagnostic and therapeutic approach. (122 Refs.)

Record Date Created: 19931014

Record Date Completed: 19931014

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Set	Items	Description
S1	376	(AUTOIMMUN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR D- IAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S2	36	S1 AND PY<1994
S3	22	RD S2 (unique items)
S4	117	S1 AND (REVIEW? OR OVERVIEW?)
S5	75	RD S4 (unique items)
S6	909	(INFECT\$ OR INFECTIOUS? OR DIPHTHERIA OR TETANUS OR HEPATIT- IS OR INFLUENZA) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR - DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S7	157	S6 AND (REVIEW? OR OVERVIEW?)
S8	107	RD S7 (unique items)
S9	267	(INFECT\$ OR INFECTIOUS?) (30N) (MARKER?) (30N) (PREDICT? OR CO- RRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UN- PREDICT?)
S10	28	S9 AND PY<1994
S11	14	RD S10 (unique items)

? s (pertussis?) (30n) (marker?) (30n) (predict? or correlat? or diagnos?) (30n) (lack?
or limit? or difficult? or unpredict?)

Processing

85923	PERTUSSIS?
1454499	MARKER?
2125760	PREDICT?
3275488	CORRELAT?
8131610	DIAGNOS?
1183314	LACK?
2289105	LIMIT?
906953	DIFFICULT?
36678	UNPREDICT?
S12	14 (PERTUSSIS?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)

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S13 6 RD S12 (unique items)

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13/7/1 (Item 1 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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19232573 BIOSIS NO.: 200600577968

Detection of anti-pertussis toxin IgG in oral fluids for use in diagnosis
and surveillance of Bordetella pertussis infection in children and young
adults

AUTHOR: Litt David J (Reprint); Samuel Dhanraj; Duncan John; Harnden
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JOURNAL: Journal of Medical Microbiology 55 (9): p1223-1228 SEP 2006 2006

ISSN: 0022-2615

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Bordetella pertussis infection is being increasingly recognized as a cause of prolonged, distressing cough (without whooping symptoms) in children and young adults. ***Diagnosis*** of infection in this population is important for treatment and surveillance purposes, and may also prove useful in reducing transmission to unvaccinated babies, for whom disease can be fatal. Serum IgG titres against ***pertussis*** toxin (PT) are routinely used as a marker of recent or persisting B. ***pertussis*** infection. However, collection of serum from young children is difficult, and compliance amongst these subjects to give samples is low. To circumvent these problems, an IgG-capture ELISA capable of detecting anti-PT IgG in oral fluid was devised. The assay was evaluated by comparison to a serum ELISA, using 187 matched serum and oral fluid samples from children (aged 5-16 years) with a history of prolonged coughing, whose serum anti-PT titre had already been determined (69 seropositive, 118 seronegative). The results showed that, using a cutoff of 70 arbitrary units (AU), the oral fluid assay detected seropositive subjects with a sensitivity of 79(.)7% [95% confidence interval (CI) 68(.)3-88(.)4] and a specificity of 96(.)6% (95% CI 91(.)5-99(.)1). Thus, oral fluid titres of ≥ 70 AU would possess a positive predictive value of 76(.)2-93(.)2% for pertussis amongst children with chronic coughs when used as a surrogate for the serum ELISA (assuming disease prevalence of 12-37%). This oral fluid ELISA will greatly assist in the convenience of B. pertussis disease diagnosis and surveillance.

13/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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16859048 BIOSIS NO.: 200200452559
Quantitative priming with inactivated pertussis toxoid vaccine in the aerosol challenge model
AUTHOR: Bruss Jon B (Reprint); Siber George R
AUTHOR ADDRESS: Clinical Research-Infectious Diseases, Pharmacia Corporation, 7000 Portage Rd., Kalamazoo, MI, 49001, USA**USA
JOURNAL: Infection and Immunity 70 (8): p4600-4608 August, 2002 2002
MEDIUM: print
ISSN: 0019-9567
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Serum antibodies to pertussis toxin (PT) have been shown to be protective against severe pertussis disease, although a specific level of anti-PT antibody that correlates with protection has not been demonstrated. Current animal models such as the intracerebral challenge model have significant limitations in correlating protection to a specific level of anti-PT antibody. This study examines the protective effects of priming with tetranitromethane-inactivated pertussis toxoid (PTx) vaccine in the aerosol challenge model and whether a measurable response to a priming dose of PTx is enough to initiate a protective secondary response when challenged with infection. The correlation of priming with markers of illness such as leukocytosis, weight loss, bacterial proliferation, and mortality after established infection with Bordetella ***pertussis*** was explored. BALB/c mice were immunized with PTx vaccine on day 6 of life and then challenged with B. ***pertussis*** using the aerosol challenge model. Data were analyzed according to the primary immunologic response, differentiating responders (anti-PT immunoglobulin G (IgG) ≥ 1 mug/ml) from nonresponders (anti-PT IgG < 1 mug/ml). Mice that showed

evidence of priming on the day of aerosol challenge were able to mount a secondary response to the challenge with a 2-fold rise in anti-PT IgG antibody by day 7 and a 10-fold rise by day 14 post-aerosol challenge. These primed mice were significantly better protected against leukocytosis, weight loss, and proliferation of B. pertussis in the lungs following aerosol challenge than the nonprimed group. This protection correlated with levels of anti-PT antibody in serum present on the day of aerosol challenge.

13/7/3 (Item 3 from file: 5)
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09232329 BIOSIS NO.: 198886072250
RETT SYNDROME NATURAL HISTORY AND MANAGEMENT
AUTHOR: MOESCHLER J B (Reprint); CHARMAN C E; BERG S Z; GRAHAM J M JR
AUTHOR ADDRESS: CLIN GENET CHILD DEVELOPMENT CENT, DEP MATERNAL CHILD
HEALTH, DARTMOUTH MED SCH, DARTMOUTH-HITCHCOCK MED CENT, HANOVER, NH
03755, USA**USA
JOURNAL: Pediatrics 82 (1): p1-10 1988
ISSN: 0031-4005
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: The clinical findings of seven girls and one woman, 2 to 25 years of age, with Rett syndrome are presented. Previous ***diagnoses*** included Prader-Willi syndrome, Angelman syndrome, toxic reaction to ***pertussis*** vaccine, CNS dysgenesis, and encephalitis. Rett syndrome has a recognizable neurodevelopmental phenotype without a specific biologic marker, which makes the diagnosis difficult at times. Treatment is largely supportive, and an active parents' association has been helpful to many families.

13/7/4 (Item 4 from file: 5)
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09058339 BIOSIS NO.: 198885027230
INDUCTION CHARACTERIZATION AND CELL TRANSFER OF AUTOIMMUNE
TUBULOINTERSTITIAL NEPHRITIS
AUTHOR: BANNISTER K M (Reprint); Ulich T R; WILSON C B
AUTHOR ADDRESS: DEP IMMUNOL, RES INST SCRIPPS CLINIC, 10666 NORTH TORREY
PINES RD, LA JOLLA, CA 92037, USA**USA
JOURNAL: Kidney International 32 (5): p642-651 1987
ISSN: 0085-2538
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Autoimmune tubulointerstitial nephritis (TIN) was induced in Lewis (LEW) rats by immunization with homologous Brown-Norway (BN) rat renal basement membrane (RBM), complete Freund's adjuvant and Bordetella ***pertussis*** vaccine. The BN strain has a tubular basement membrane (TBM) antigen (Ag+) detectable by immunofluorescence which is ***lacking*** in unmodified LEW rat TBM. Development of TIN in LEW rats correlated with TBM Ag+ immunogens from homologous and heterologous RBM preparations. By day 14 after immunization TIN developed characterized by elevated serum creatinine levels and by tubular

destruction with focal, circumscribed lesions containing epithelioids cells, giant cells and mononuclear cell infiltrates. Approximately 60% of the mononuclear cells bore T cell antigens with most cells expressing Ia ***markers***. Immunofluorescence and elution studies revealed no selective IgG fixation to TBM at day 14 despite high titers of circulating alloantibody reactive with the immunonizing TBM. Intravenous transfer of LNC and/or splenic cells (3.5 to 7 + 108) to naive LEW rats resulted in less severe but histologically identical TIN in seven days with T cell subpopulations similar to those seen in the active model. This model strongly suggests an initiating role for cell-mediated immunity in TIN in the rat and may provide a parallel to human TIN.

13/7/5 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0076372861 EMBASE/Medline No: 1996033206
How to survey pertussis in France
COMMENT ENVISAGER LA MISE EN PLACE D'UN SYSTEME DE SURVEILLANCE DE LA
COQUELUCHE EN FRANCE
Baron S.; Moyse C.; Desenclos J.-C.
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CORRESP. AUTHOR/AFFIL: Baron S.: DGS, 124 Rue Sadi Carnot, F-92170 Vanves
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Medecine et Maladies Infectieuses (MED. MAL. INFECT.) (France)
December 1, 1995, 25/SPEC. ISS. DEC. A (1285-1288)
CODEN: MMAIB ISSN: 0399-077X
DOCUMENT TYPE: Journal; Conference Paper RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: French; English

Pertussis surveillance should be reestablished in France because of persistence of the disease inspite of high rate of immunization. In addition, acellular vaccines will be soon introduced in France. A recent hospital survey has indicated a high incidence in infants younger than one year (65% of all cases). Since no perfect case definition and no reliable laboratory diagnosis are available, this surveillance remains ***difficult*** to achieve. A network of sentinel hospital physicians (pediatricians and microbiologists) should allow to collect, and hopefully to confirm, the most severe cases occurring mainly in infants to young to be vaccinated. These cases of unvaccinated young infants are a reliable marker of the Bordetella pertussis presence within the population. A notification will be requested in the future, as recommended by WHO.

13/7/6 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0073455855 EMBASE/Medline No: 1987219893
Induction, characterizaton, and cell transfer of autoimmune
tubulointerstitial nephritis
Bannister K.M.; Ulich T.R.; Wilson C.B.
Department of Immunology, Research Institute of Scripps Clinic, La Jolla,
CA 92037, United States:
CORRESP. AUTHOR/AFFIL: Department of Immunology, Research Institute of
Scripps Clinic, La Jolla, CA 92037, United States

Kidney International (KIDNEY INT.) (United States) December 11, 1987,

32/5 (642-651)
 CODEN: KDYIA ISSN: 0085-2538
 DOCUMENT TYPE: Journal RECORD TYPE: Abstract
 LANGUAGE: English

Autoimmune tubulointerstitial nephritis (TIN) was induced in Lewis (LEW) rats by immunization with homologous Brown-Norway (RN) rat renal basement membrane (RBM), complete Freund's adjuvant and Bordetella pertussis vaccine. The BN strain has a tubular basement membrane (TBM) antigen (Ag SUP +) detectable by immunofluorescence which is lacking in unmodified LEW rat TBM. Development of TIN in LEW rats ***correlated*** with TBM Ag SUP + immunogens from homologous and heterologous RBM preparations. By day 14 after immunization TIN developed characterized by elevated serum creatinine levels and by tubular destruction with focal, circumscribed lesions containing epithelioid cells, giant cells and mononuclear cell infiltrates. Approximately 60% of the mononuclear cells bore T cell antigens with most cells expressing Ia ***markers***. Immunofluorescence and elution studies revealed no selective IgG fixation to TBM at day 14 despite high titers of circulating alloantibody reactive with the immunizing TBM. Intravenous transfer of LNC and/or splenic cells (3.5 to 7 x 10 SUP 8) to naive LEW rats resulted in less severe but histologically identical TIN in seven days with T cell subpopulations similar to those seen in the active model. This model strongly suggests an initiating role for cell-mediated immunity in TIN in the rat and may provide a parallel to human TIN.

? ds

Set	Items	Description
S1	376	(AUTOIMMUN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR D- IAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S2	36	S1 AND PY<1994
S3	22	RD S2 (unique items)
S4	117	S1 AND (REVIEW? OR OVERVIEW?)
S5	75	RD S4 (unique items)
S6	909	(INFECT\$ OR INFECTIOUS? OR DIPHTHERIA OR TETANUS OR HEPATIT- IS OR INFLUENZA) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR - DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S7	157	S6 AND (REVIEW? OR OVERVIEW?)
S8	107	RD S7 (unique items)
S9	267	(INFECT\$ OR INFECTIOUS?) (30N) (MARKER?) (30N) (PREDICT? OR CO- RRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UN- PREDICT?)
S10	28	S9 AND PY<1994
S11	14	RD S10 (unique items)
S12	14	(PERTUSSIS?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR D- IAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S13	6	RD S12 (unique items)
? s (vaccin?) (30n) (marker?) (30n) (predict? or correlat? or diagnos?) (30n) (lack? or limit? or difficult? or unpredict?)		
Processing		
	728376	VACCIN?
	1454499	MARKER?
	2125760	PREDICT?
	3275488	CORRELAT?
	8131610	DIAGNOS?
	1183314	LACK?
	2289105	LIMIT?
	906953	DIFFICULT?
	36678	UNPREDICT?
S14	268	(VACCIN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR

UNPREDICT?)
? s sl4 and py<1994
Processing
268 S14
41032171 PY<1994
S15 23 S14 AND PY<1994
? rd sl5
S16 14 RD S15 (unique items)
? t sl6/7/all

16/7/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09232329 BIOSIS NO.: 198886072250
RETT SYNDROME NATURAL HISTORY AND MANAGEMENT
AUTHOR: MOESCHLER J B (Reprint); CHARMAN C E; BERG S Z; GRAHAM J M JR
AUTHOR ADDRESS: CLIN GENET CHILD DEVELOPMENT CENT, DEP MATERNAL CHILD
HEALTH, DARTMOUTH MED SCH, DARTMOUTH-HITCHCOCK MED CENT, HANOVER, NH
03755, USA**USA
JOURNAL: Pediatrics 82 (1): p1-10 1988
ISSN: 0031-4005
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: The clinical findings of seven girls and one woman, 2 to 25 years of age, with Rett syndrome are presented. Previous ***diagnoses*** included Prader-Willi syndrome, Angelman syndrome, toxic reaction to pertussis ***vaccine***, CNS dysgenesis, and encephalitis. Rett syndrome has a recognizable neurodevelopmental phenotype without a specific biologic marker, which makes the diagnosis difficult at times. Treatment is largely supportive, and an active parents' association has been helpful to many families.

16/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09058339 BIOSIS NO.: 198885027230
INDUCTION CHARACTERIZATION AND CELL TRANSFER OF AUTOIMMUNE
TUBULOINTERSTITIAL NEPHRITIS
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AUTHOR ADDRESS: DEP IMMUNOL, RES INST SCRIPPS CLINIC, 10666 NORTH TORREY
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JOURNAL: Kidney International 32 (5): p642-651 1987
ISSN: 0085-2538
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Autoimmune tubulointerstitial nephritis (TIN) was induced in Lewis (LEW) rats by immunization with homologous Brown-Norway (BN) rat renal basement membrane (RBM), complete Freund's adjuvant and Bordetella pertussis ***vaccine***. The BN strain has a tubular basement membrane (TBM) antigen (Ag+) detectable by immunofluorescence which is ***lacking*** in unmodified LEW rat TBM. Development of TIN in LEW rats correlated with TBM Ag+ immunogens from homologous and heterologous RBM preparations. By day 14 after immunization TIN developed characterized by elevated serum creatinine levels and by tubular

destruction with focal, circumscribed lesions containing epithelioid cells, giant cells and mononuclear cell infiltrates. Approximately 60% of the mononuclear cells bore T cell antigens with most cells expressing Ia ***markers***. Immunofluorescence and elution studies revealed no selective IgG fixation to TBM at day 14 despite high titers of circulating alloantibody reactive with the immunizing TBM. Intravenous transfer of LNC and/or splenic cells (3.5 to 7 + 10⁸) to naive LEW rats resulted in less severe but histologically identical TIN in seven days with T cell subpopulations similar to those seen in the active model. This model strongly suggests an initiating role for cell-mediated immunity in TIN in the rat and may provide a parallel to human TIN.

16/7/3 (Item 3 from file: 5)
DIALOG(R) File 5: Biosis Previews(R)
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08733571 BIOSIS NO.: 198784087720
ISOLATION AND CHARACTERIZATION OF ATTENUATED MUTANTS OF VACCINIA VIRUS
AUTHOR: DALLO S (Reprint); ESTEBAN M
AUTHOR ADDRESS: DEP BIOCHEM, STATE UNIV NEW YORK HEALTH SCI CENT, BROOKLYN, NY 11203, USA**USA
JOURNAL: Virology 159 (2): p408-422 1987
ISSN: 0042-6822
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Attenuated variants of vaccinia virus with two specific and stable genetic markers were obtained after long-term passage of persistently infected Friend erythroleukemia (FEL) cells. The genetic markers were an 8-MDa deletion on the left HindIII-C terminus of the viral genome and sequence alterations localized in the middle of the HindIII-A DNA fragment. This latter genetic marker led to small plaque size phenotype of these variants. The mode of replication of these variants in tissue culture cells and their virulence in mice were analyzed. In cultured cells, these variants have greatly reduced virus yields in cell lines of different origins. These variants penetrate into cells, synthesize early and late viral proteins, and replicate their DNA with about the same efficiency as wild-type virus. The defect of these variants appears at some step during virus maturation. When groups of BALB/c mice were inoculated intraperitoneally (ip) with these variants, 50% of the mice survived with $\geq 1 + 10^9$ plaque-forming units (PFU) as opposed to about 50% survival for mice inoculated with $1 + 10^6$ PFU of wild-type virus. Mice inoculated with these variants were fully protected when challenged ip with lethal doses of wild-type virus. The reduced virulence of these variants correlated with the 8-MDa deletion; in addition, the plaque size phenotype marker contributes to a further decrease of the virulence of ***vaccinia*** virus. Due to their limited virus production and protective immune response, these variants may be potentially useful as ***vaccines***.

16/7/4 (Item 4 from file: 5)
DIALOG(R) File 5: Biosis Previews(R)
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0001724545 BIOSIS NO.: 19674800008549
Studies on immunization with inactivated and live poliovirus vaccines
AUTHOR: BOTTIGER MARGARETA
AUTHOR ADDRESS: Dep. Virus Res. Karolinska Inst., Stockholm, Swed.

JOURNAL: ACTA PAEDIAT SCAND SUPPL 164 p7-42 1966 1966
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: The antibody-stimulating capacity of the Swedish inactivated poliovirus vaccine was studied In the years 1957-62. The vaccines used in 1957-58, 1958-59 and 1959-60 induced demonstrable antibodies to poliovirus Type 1 in 93, 99 and 99% of the vaccinees, respectively. Fifty per cent of them reached titers of approximately 1:100 or higher. In 1961 and later, higher postvaccination titers were observed. All children had demonstrable antibodies at a serum dilution of 1:50 and the median level was higher than the highest dilution tested, i.e. 1:6250. The antibody response to poliovirus Type 2 and 3 [long dash] with the exception of the 1st year's vaccination [long dash] reached high levels during the whole test period. After 1962, when 80-85% of the population born in 1910 or later was estimated to have been vaccinated and a 2nd booster to vaccinees immunized 4-5 years earlier. One poliovirus isolation originating from a sewage sample was made In 1963. Two poliovirus strains isolated in 1964 and 1965, were both, probably "imported". Vaccination with live poliovirus vaccine, the Type 1 Chat strain, was studied in 6 small-scale trials comprising altogether close on 4500 children. No live vaccine was given without previous immunization with inactivated vaccine. A general equalization of antibody titers was observed after vaccination with the live vaccine irrespective of prefeeding antibody level. The peak titer of the vaccines was 1:1250. A booster effect of the live virus vaccination was observed when this was postponed until 7-12 months after the primary 2 inoculations with inactivated vaccine. Generally higher titers to poliovirus Type 1, however, were found in the years 1961-62 and 1962-63 after immunization with inactivated vaccine alone. The excretion periods of the live vaccine appeared inversely correlated to the prefeeding antibody level of the vaccine. ***Vaccinees*** who were refed 7 months after their 1st contact with the live virus, excreted virus for considerably shorter times than those who had their 1st contact with live virus. The spread of the ***vaccine*** virus appeared to be ***limited*** and related to the age of the ***vaccinee***. Forty-three per cent of the vaccinees below 2 years of age became spreaders, while 5% of those between 2-7 years were ound to transmit the virus. In connection with the vaccination trials studies on in vitro markers were performed. Investigation of the influence of bicarbonate concentration in the medium, temperature of incubation and species of the host cell (monkey and human renal cells) on the plaque forming capacity of 8 attenuated poliovirus strains (i.e. the 3 Sabin strains, 2 variants of the Chat strain, the Wistar Type 2 strain and 2 variants of the WM 3 strain) indicated an intimate interaction between these factors. The pattern of reaction of the individual attenuated strains appeared to be a strain characteristic. The stability of the Chat ***vaccine*** strain during multiplication in the human alimentary tract was studied by testing 4 different characters, i.e. d ***marker***, ret ***marker***, h marker (referring to plaque-forming capacity in human renal cell cultures at 35[degree]C and 37[degree]C) and n marker, on a number of virus isolates collected at different periods after ingestion of the ***vaccine***. Five of 144 isolates were estimated as d + in character, none of 142 isolates as rct/39[degree] +, and 6 of 56 isolates tested as h +. (+ = ***marker*** values falling within the + 2 standard deviation interval of the virulent control strain). Seven of 59 tested Isolates were suspected to contain virus with notably increased neurovrlulence. A correlation between the degree of reversion of the 3 in vitro ***markers*** appeared to exist. Also reversion of the n ***marker*** was found to be related to in vitro reversions. This was especially apparent when the results of several in vitro marker tests were combined. ABSTRACT

AUTHORS: From auth

16/7/5 (Item 5 from file: 5)
DIALOG(R)File 5: Biosis Previews(R)
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0001225243 BIOSIS NO.: 19623800022917
Clinical trials with living attenuated measles virus vaccines
AUTHOR: McCRUMB FRED R; BULKELEY JOHN T; HORNICK RICHARD B; SNYDER MERRILL
J; TOGO YASUSHI
AUTHOR ADDRESS: Univ. Maryland Sch. Med., Baltimore
JOURNAL: AMER JOUR PUBL HEALTH 52 ((2 Pt. II)): p11-15 1962 ***1962***
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: There is ample evidence that the avianized Edmonston strain of Enders possesses the attributes of safety, simplicity, and a high degree of effectiveness. Children immunized with live attenuated measles-virus vaccine have not experienced serious untoward reactions and have acquired a solid state of resistance to naturally occurring measles. Present data support the concept that minimally detectable levels of neutralizing antibody and immunity are synonymous. In view of the persistence of antibody for at least 2 to 3 years following a single exposure to attenuated vaccine, it may not be too optimistic to predict that this virus will impart life-long immunity. In our opinion, the occurrence of marked febrile reactions to unmodified virus in an appreciable percentage of vaccinees will preclude its use on a large scale. Accordingly, we believe that modification of measles vaccine infection with human gamma globulin is desirable and will permit mass immunization with the presently available strain. Standardization of vaccine and globulin should preclude the need for a clinical marker of successful vaccination in view of recent findings. ***Limited*** variation in ***vaccine*** potency does not appear to influence significantly immune response although the use of less than 100 tissue culture infective doses may result in suppression of take-rates. Preliminary studies suggest that 12 neutralizing units per pound of body weight represents the minimal effective dose of gamma globulin. Further definition of the quantitative relationship between virus and globulin is needed to arrive at a better understanding of the antibody requirements of this immunization method. Careful analysis of the cost of this procedure reveals that immunization with attenuated measles virus and gamma globulin will be inexpensive when compared with other forms of immunoprophylaxis and far less costly than the natural disease using any measure of the magnitude of the measles problem. Vaccination of large groups of children in pediatric practices has not resulted in any significant inconvenience to pediatricians or their patients and the immunization program in Maryland continues to be received enthusiastically by the public and practicing physicians. It is our firm belief that this safe, practical, and highly effective method of immunization will permit the eradication of man's most serious childhood disease. ABSTRACT AUTHORS: Authors

16/7/6 (Item 1 from file: 73)
DIALOG(R)File 73: EMBASE
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0073968634 EMBASE/Medline No: 1989149087
Infections due to Neisseria meningitidis serogroup A in France (August

1987 - March 1988). Relationship with Mecca outbreak August 1987
INFECTIONS A NEISSERIA MENINGITIDIS DU SEROGROUPE A EN FRANCE (AOUT 1987
- MARS 1988). RELATIONS AVEC L'EPIDEMIE DE LA MECQUE D'AOUT 1987
Riou J.Y.; Guibourdenche M.; Hubert B.; Perrin J.; Le Pennec M.P.; Lafaye
J.M.P.; Le Faou A.; Denamur E.; Berardi L.; Freney J.; Chomar M.; Barbe
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Medecine et Maladies Infectieuses (MED. MAL. INFECT.) (France) July 6,
1989, 19/5 (305-314)
CODEN: MMAIB ISSN: 0399-077X
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English
Twenty cases of infections due to Neisseria meningitidis serogroup A had
been ***diagnosed*** in France from August 1987 to March 1988.
Epidemiologic analysis permitted to demonstrate close relationship with
Mecca pilgrimage in 10 cases. This outbreak was characterized by its high
lethality (4 deaths) among children and the high number of secondary cases
(7). Without epidemiologic ***markers*** it is ***difficult*** to
correlate one outbreak with another. Prophylaxis had been conducted
by use of antibiotics and meningococcal A + C ***vaccine*** .

16/7/7 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0073455855 EMBASE/Medline No: 1987219893
Induction, characterizaton, and cell transfer of autoimmune
tubulointerstitial nephritis
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Department of Immunology, Research Institute of Scripps Clinic, La Jolla,
CA 92037, United States:
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Scripps Clinic, La Jolla, CA 92037, United States

Kidney International (KIDNEY INT.) (United States) December 11, 1987,
32/5 (642-651)
CODEN: KDYIA ISSN: 0085-2538
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: English

Autoimmune tubulointerstitial nephritis (TIN) was induced in Lewis (LEW)
rats by immunization with homologous Brown-Norway (RN) rat renal basement
membrane (RBM), complete Freund's adjuvant and Bordetella pertussis
vaccine . The BN strain has a tubular basement membrane (TBM) antigen
(Ag SUP +) detectable by immunofluorescence which is lacking in
unmodified LEW rat TBM. Development of TIN in LEW rats ***correlated***
with TBM Ag SUP + immunogens from homologous and heterologous RBM
preparations. By day 14 after immunization TIN developed characterized by
elevated serum creatinine levels and by tubular destruction with focal,
circumscribed lesions containing epithelioid cells, giant cells and
mononuclear cell infiltrates. Approximately 60% of the mononuclear cells
bore T cell antigens with most cells expressing Ia ***markers*** .
Immunofluorescence and elution studies revealed no selective IgG fixation
to TBM at day 14 despite high titers of circulating alloantibody reactive

with the immunizing TBM. Intravenous transfer of LNC and/or splenic cells (3.5 to 7 x 10 SUP 8) to naive LEW rats resulted in less severe but histologically identical TIN in seven days with T cell subpopulations similar to those seen in the active model. This model strongly suggests an initiating role for cell-mediated immunity in TIN in the rat and may provide a parallel to human TIN.

16/7/8 (Item 3 from file: 73)
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0072330675 EMBASE/Medline No: 1983221136

Immunogenicity and efficacy of hepatitis B vaccine in normal children and in patients with thalassaemia

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Journal of Infection (J. INFECT.) (United Kingdom) October 13, 1983, 7/Suppl. 1 (57-61)

CODEN: JINFD ISSN: 0163-4453

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English

Thalassemia is a major public health problem in Greece. More than seven per cent of Greeks are carriers of the beta-thalassemia gene and despite genetic counselling and antenatal diagnosis 150 children with beta-thalassemia are born each year. There are already more than 2500 children with beta-thalassemia. Children with thalassemia are very much exposed to hepatitis B virus infection because of repeated transfusions and Table I illustrates this by showing the prevalence of HBV markers in 303 children with thalassemia. The prevalence of HBV ***markers*** was 32.3 per cent in children younger than eight years, whilst in children older than eight years the prevalence increased to 86.7 per cent. The overall prevalence of HBV infection in this group of thalassemic children was 58 per cent. Because of this high prevalence of infection the siblings of these patients would also be at high risk of infection. It was thus only natural to start and HBV vaccine trial in children in these high risk groups. There was no ***difficulty*** in convincing parents to accept the vaccination of their children because more than 50 physicians had been vaccinated previously without side effects. Indeed within a few weeks all the parents of 450 thalassemics who were being treated in the First Department of Paediatrics were asking for their children to be vaccinated. Unfortunately the trial was limited to 100 children and when our supply of vaccine had been used up we faced angry protests and accusations of favouritism: it was difficult to convince parents of immune children that their children did not need to be vaccinated.

16/7/9 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
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0071750528 EMBASE/Medline No: 1980004537

Travellers' diarrhoea

Nye F.J.

Clinics in Gastroenterology (CLIN. GASTROENTEROL.) (United Kingdom)

December 1, 1979, 8/3 (767-781)
CODEN: CGSTA ISSN: 0300-5089
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English

Travellers' diarrhoea is a syndrome of diverse aetiology. So far, its epidemiology and microbiology have been most closely investigated in United States visitors to Mexico: it is not yet clear to what extent the results of these studies can be applied elsewhere. Enterotoxigenic *E. coli* are important causes but other agents undoubtedly remain to be discovered; they may include strains of *E. coli* whose pathogenicity is due neither to invasiveness nor to toxin production as detected by current methods. As the diagnostic net extends to include additional likely pathogens, multiple infections are likely to be recognized more frequently than at present and single 'causes' of the syndrome may become more difficult to identify both in individuals and groups. We still ***lack*** reliable immunological markers of infection, and we need to know much more about the nature of immunity to travellers' diarrhoea among long-stay and resident populations. Prevention is still a distant goal. Chemoprophylaxis cannot be generally recommended at the moment, though in some areas doxycycline appears to be useful in the prevention of illness due to sensitive strains of *E. coli*. Although toxoid ***vaccines*** induce only temporary immunity against cholera such vaccines might be effective against travellers' diarrhoea caused by *E. coli* infections, since exposure to these organisms is usually short-lived. Because there are a number of microbial causes of diarrhoea in travellers, pharmacological methods of control have great potential. Prostaglandin inhibitors and drugs interfering with the activation of cyclic AMP may eventually prove to be effective agents for both prophylaxis and treatment.

16/7/10 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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0071054070 EMBASE/Medline No: 1978194073

Biological properties of the mumps virus. Its behaviour according to marker T SUB 50

BIOLOGISCHE EIGENSCHAFTEN DES MUMPSVIRUS. DAS VERHALTEN IM T SUB 50 MARKER

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German Democratic Republic

Journal of Hygiene Epidemiology Microbiology and Immunology (J. HYG.
EPIDEMIOL. MICROBIOL. IMMUNOL.) (cs) December 1, 1977, 21/2 (162-168)
CODEN: JHEMA ISSN: 0022-1732
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: German SUMMARY LANGUAGE: English; French

The authors studied the behaviour of 11 mumps virus strains or variants including the thermolabile standard Jeryl Lynn strain under thermal charge (50(deg)C/30 min). Variants were obtained from the Soviet ***vaccinal*** strains Leningrad-3 by cultivation under various conditions. Incubation temperature and cellular substrate played an important role therein. Variants with various behaviour in the ***marker*** T50 resulted. It was found that passages at 32(deg)C at limited dilutions as well as those on chick embryos or in cultures of chicken fibroblasts increased their thermolability. Possible ***correlations*** between their behaviour in the ***marker*** T50 and the degree of the attenuation are discussed.

16/7/11 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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0066896024 EMBASE/Medline No: 2132696
Selective breeding for the control of nematodiasis in sheep.
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CORRESP. AUTHOR/AFFIL: Windon R.G.: McMaster Laboratory, CSIRO Division
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Revue scientifique et technique (International Office of Epizootics) (
Rev. - Off. Int. Epizoot.) (France) June 1, 1990, 9/2 (555-576)
ISSN: 0253-1933
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 58

Genetic manipulation of sheep by selective breeding offers a means to reduce the current reliance on chemotherapy for the control of gastro-intestinal nematodes. Simulated epidemiological studies support this view as, compared to lambs of 'normal' susceptibility, those 'selected' for resistance to *Trichostrongylus colubriformis* have lower worm burdens and reduced production losses. Considerable genetic variation exists both between and within breeds of sheep, and a number of breeding programmes have demonstrated that selection for animals with heightened levels of resistance to nematodes is feasible. Animals from these selection experiments are currently being used to investigate the nature of this genetic regulation and the economic benefits that can be achieved. An understanding of the mechanisms of resistance, facilitated by having animals with defined extremes of responsiveness, is crucial for studies into the specificity of selection, identification of predictive markers with resistance, and determination of suitable vaccines and ***vaccination*** strategies in unselected populations. Immunity plays a major role in host resistance to parasites, and from studies with selected animals, it appears that a broad range of immune responses are under genetic control. Genetic diversity within the parasite population may manifest itself in adaptation to withstand host resistance mechanisms. Such an occurrence could ***limit*** the effectiveness of the genetic approach.

16/7/12 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
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0065693258 EMBASE/Medline No: 6673711
Nosologic position of angioimmunoblastic lymphadenopathy. Apropos of 2 debatable cases
Sulla posizione nosologica della linfadenopatia angioimmunoblastica. A proposito di due casi controversi.
Amadori G.; Raumer R.; Caruso N.; Tinello M.
CORRESP. AUTHOR/AFFIL: Amadori G.

Archivio per le scienze mediche (Arch Sci Med (Torino)) (Italy)
October 1, 1983, 140/4 (457-463)
ISSN: 0004-0312
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline
LANGUAGE: Italian

Two cases of lymphadenopathy grouped together by a common histologic ***diagnosis*** of angio-immunoblastic lymphadenopathy (A.I.L.) have been described. While in the first case there was a recent ***vaccination*** with BCG and tests positive for toxoplasmosis, the second case did not reveal any important anamnestic elements. The first case appeared to respond to antiprotazoan therapy while the second underwent lymphomatous degeneration with cerebral involvement. In view of the different clinical developments the existing nosologic position of A.I.L. comes under discussion. The great ***difficulty*** with which A.I.L. is demarcated from forms of reactive or neoplastic lymphadenopathy is emphasized by this example. Essential towards this is the study of lymphocyte ***markers*** and their in vitro function.

16/7/13 (Item 8 from file: 73)
DIALOG(R) File 73:EMBASE
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0064912299 EMBASE/Medline No: 604140
Live attenuated influenza vaccines in young seronegative children.
Wright P.F.; Kervina M.; Thompson J.; Torrence A.E.; Karzon D.T.
CORRESP. AUTHOR/AFFIL: Wright P.F.

Developments in biological standardization (Dev. Biol. Stand.) (Switzerland) June 1, 1977, 39/- (99-103)
ISSN: 0301-5149
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

Seronegative children undergoing primary infection sensitively reflect the residual virulence of an experimental attenuated respiratory viral vaccine. Two temperature sensitive (ts) A/Hong Kong influenza vaccines derived following chemical mutagenesis of a cloned stock of A/Great Lakes/65 have been evaluated in vaccine trials in seronegative children. The two vaccines, ts-1[A] and ts 1[E], differ in their laboratory characteristics. Ts-1[A] has a lower shut-off temperature, 37 degrees C vs 38 degrees C, and more limited replication in the Syrian hamster model system than ts-1[E]. In A/HK seronegative adults ts-1[A] is noninfectious whereas ts-1[E] will replicate and induce an antibody response. The genetic lesion of ts-1[A] was stable in the young child; in contrast, late in the course of virus shedding, ts-1[E] exhibited genetic instability with 4 individuals shedding virus which had lost the ts ***marker***. Transmission to controls was rare with both ***vaccines*** being observed in only 1 of 5 controls with ts-1[A] and none of six controls with ts-1[E]. There were no respiratory symptoms associated with ts-1[A] ***vaccine*** virus shedding. Ts-1[E] virus shedding had a suggestive association with fever and cough in the seronegative child. The trials in seronegative children extent and confirm the inherent differences between ts-1[A] and ts-1[E] vaccine strains and support the concept that laboratory markers of attenuation are predictive of ***vaccine*** behavior in the seronegative child.

16/7/14 (Item 1 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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05629679 PMID: 562370

[Biological properties of the mumps virus. Behavior using the T50 marker]
Biologische Eigenschaften des Mumpsvirus. Das Verhalten im T50-Marker.

Glathe H; Nobel B

Journal of hygiene, epidemiology, microbiology, and immunology (CZECHOSLOVAKIA) 1977, 21 (2) p162-8, ISSN 0022-1732--Print

0022-1732--Linking Journal Code: 2985116R

Publishing Model Print

Document type: English Abstract; Journal Article

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The authors studied the behaviour of 11 mumps virus strains or variants including the thermolabile standard Jeryl Lynn strain under thermal charge (50 degrees C/30 min). Variants were obtained from the Soviet ***vaccinal*** strains Leningrad-3 by cultivation under various conditions. Incubation temperature and cellular substrate played an important role therein. Variants with various behaviour in the ***marker*** T50 resulted. It was found that passages at 32 degrees C at limited dilutions as well as those on chick embryos or in cultures of chicken fibroblasts increased their thermolability. Possible ***correlations*** between their behaviour in the ***marker*** T50 and the degree of di attenuation are discussed. (Ta)

Record Date Created: 19771229

Record Date Completed: 19771229

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Set	Items	Description
S1	376	(AUTOIMMUN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S2	36	S1 AND PY<1994
S3	22	RD S2 (unique items)
S4	117	S1 AND (REVIEW? OR OVERVIEW?)
S5	75	RD S4 (unique items)
S6	909	(INFECT\$ OR INFECTIOUS? OR DIPHTHERIA OR TETANUS OR HEPATITIS OR INFLUENZA) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S7	157	S6 AND (REVIEW? OR OVERVIEW?)
S8	107	RD S7 (unique items)
S9	267	(INFECT\$ OR INFECTIOUS?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S10	28	S9 AND PY<1994
S11	14	RD S10 (unique items)
S12	14	(PERTUSSIS?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S13	6	RD S12 (unique items)
S14	268	(VACCIN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S15	23	S14 AND PY<1994
S16	14	RD S15 (unique items)
? s s14 and (review? or overview?)		
	268	S14
	6419516	REVIEW?
	203449	OVERVIEW?
S17	74	S14 AND (REVIEW? OR OVERVIEW?)
? rd s17		
S18	42	RD S17 (unique items)
? t s18/7/all		

18/7/1 (Item 1 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)
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0021488216 BIOSIS NO.: 201000167239
The quest for biomarkers in tuberculosis
AUTHOR: Parida Shreemanta K (Reprint); Kaufmann Stefan H E
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JOURNAL: Drug Discovery Today 15 (3-4, Sp. Iss. SI): p148-157 FEB 2010
2010
ITEM IDENTIFIER: doi:10.1016/j.drudis.2009.10.005
ISSN: 1359-6446
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: No new vaccine has been licensed for tuberculosis (TB) for more than three-quarters of a century, and no new drug has been licensed for half a century. One major drawback has been the attrition caused by the lack of a reliable biological indicator (biomarker) to ***predict*** toxicity and efficacy early in the development pipeline. This review portrays the landscape of biomarker discovery for TB in the context of drug and vaccine development using emerging global biomics platforms. The time is ripe to move from single ***markers*** for correlates of protection to a biosignature comprising a well-defined set of robust indicators in TB that can accelerate rapid screening and early selection of potential drug and vaccine candidates.

18/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0021432099 BIOSIS NO.: 201000111122
Agricultural biotechnology research and development in Ethiopia
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JOURNAL: African Journal of Biotechnology 8 (25): p7196-7204 DEC 29 2009
2009
ISSN: 1684-5315
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Ethiopia is an agrarian country that can have enormous benefit from the applications of biotechnology for increasing its agricultural productivity. The country is at initial stages of research and development in agricultural biotechnology with scattered efforts underway in various public institutions. Research efforts and applications in crop production include plant tissue culture, biofertilizers and biopesticides, molecular markers for disease diagnosis and genetic diversity. Livestock related applications include artificial insemination, molecular diagnostics, vaccine production and molecular genetic analysis. Infrastructure and skills in recombinant DNA and other cutting edge technologies such as proteomics and bioinformatics are still ***limited*** and need to be strengthened. A number of crop production constraints can be solved by using advanced biotechnology

tools/products including genetically modified organisms. Cognizant of this, Ethiopia has recently given a due emphasis for capacity building in agricultural biotechnology extending from promoting research, development and education in various public institutions to setting up of an independent agricultural biotechnology research center. The constraints holding back progress in agricultural biotechnology are numerous ranging from poor technical and regulatory capacity to lack of appreciation of opportunities provided by agro-biotechnology by the public and decision makers.

18/7/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020804064 BIOSIS NO.: 200900144398
Molecular markers in prostate cancer. Part II: potential roles in, management
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JOURNAL: Asian Journal of Andrology 11 (1): p22-27 JAN 2009 2009
ITEM IDENTIFIER: doi:10.1038/aja.2008.23
ISSN: 1008-682X
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Predicting treatment responses in advanced prostate cancer (PCa) currently centres on prostate-specific antigen (PSA) kinetics and on being able to visualize measurable changes in imaging modalities. New molecular markers have emerged as potential diagnostic and prognostic indicators; these were summarized in Part I of this ***review*** in the Asian Journal of Andrology. A number of molecular ***markers*** are now being used to enhance PCa imaging and staging. However, management options for advanced and hormone-resistant PCa (HRPC) are ***limited*** and additional therapeutic options are needed. Molecular markers have been proposed as potential therapeutic targets using gene therapy and immunomodulation. Additionally, markers identified in early PCa and precursor lesions may offer novel targets for chemoprevention and ***vaccine*** development. This review summarizes the current advances regarding the roles of these ***markers*** in the management of PCa.

18/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020584522 BIOSIS NO.: 200800631461
HIV-1 and the self-nonsel connection: How to sleep with the enemy and be much better off
AUTHOR: Lopalco Lucia (Reprint); Burastero Samuele E
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JOURNAL: AIDS Reviews 10 (3): p162-171 JUL-SEP 2008 2008
ISSN: 1139-6121
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Envelope-based immunogens capable of generating high titers of neutralizing antibodies have until now been difficult to generate, or failed to act as useful vaccines to prevent HIM infection and disease progression. On the other hand, humoral immune responses to self and allogeneic cellular antigens involved in HIM docking and entry are present both in infected patients and in subjects with natural resistance to HIM infection, where they share similarities but also display definite differences. By dissecting these subtle differences, crucial cellular and molecular markers, possibly correlated with natural resistance to HIM and with the modulation of clinical progression in stably infected patients, have been identified. Here, state-of-the art knowledge on anti-self immune responses following infection or exposure to HIV will be ***reviewed***. The possible implications of these mechanisms in the design of unconventional therapies aimed to counteract the peculiar HIM capability to circumvent the immune system will be discussed.

18/7/5 (Item 5 from file: 5)
DIALOG(R) File 5: Biosis Previews(R)
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0020194682 BIOSIS NO.: 200800241621
Biological treatment for liver tumor and new potential biomarkers
AUTHOR: Chiriva-Internati Maurizio (Reprint); Grizzi Fabio; Wachtel Mitchell S; Jenkins Marjorie; Ferrari Raffaele; Cobos Everardo; Frezza Eldo E
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JOURNAL: Digestive Diseases and Sciences 53 (3): p836-843 MAR 2008 2008
ITEM IDENTIFIER: doi:10.1007/s10620-007-9909-y
ISSN: 0163-2116
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: The search for effective and efficacious therapy for liver tumor was started many years ago and is still ongoing. Despite all of the surgical advances, much work needs to be done to improve understanding of the biology of the tumor and its treatment. The rules of hepatic surgery are changing because of two recent major trends: (1) technical simplification, and (2) the endeavor to treat an increasing number of patients. T lymphocytes are potent cellular effectors of the immune system and possess a memory that responds to rechallenge by the same antigen. Being more specific and less toxic than chemotherapy, tumor infusion could be an ideal adjuvant therapy for patients with primary and secondary liver malignancies. Moreover, tumor cell ***vaccines*** have demonstrated efficacy in terms of minimal residual disease and are being investigated, but the requirement for an adequate supply of autologous tumor may ***limit*** the general applicability of these approaches. Various studies have demonstrated the aberrant expression of germ-cell proteins called cancer-testis (CT) antigens in liver neoplastic cells. Their selective normal-tissue expression makes them ideal antigens for immune targeting of malignant disease. Specific expression of CT antigens also suggests their application as tumor markers to detect circulating hepatocellular carcinoma (HCC) cells, as an adjuvant ***diagnostic*** tool, and as indicators for recurrence and prognosis. Biological therapy is now generating more clinical trials. More studies need to be performed and further experiments need to be done, although

currently this seems a valid pathway for the treatment of liver cancer.
Cytoreduction treatment of liver tumor and the vaccine might be the
future of the treatment of primary and secondary liver tumor.

18/7/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020024812 BIOSIS NO.: 200800071751
PRRSV-eradication: An option for pig herds in Germany?
ORIGINAL LANGUAGE TITLE: PRRSV-Eradikation: Eine Option fur
Schweinebestande in Deutschland?
AUTHOR: Beilage Elisabeth Grosse (Reprint); Baetza Hans-Joachim
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JOURNAL: Berliner Munchener Tierarztliche Wochenschrift 120 (11-12): p
470-479 NOV-DEC 2007 2007
ITEM IDENTIFIER: doi:10.2376/0005-9366-120-470
ISSN: 0005-9366
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: German

ABSTRACT: The problem of successfully controlling PRRS with traditional
methods has led to a growing interest in eradication. This ***review***
summarizes the current literature on topics of PRRS-eradication,
including the relevant routine diagnostic procedures, routes of
virus transmission between pig herds (as i.e. pig movement, semen,
aerosols, insects, fomites, transport vehicles) and eradication by
close&rollover and test&removal, respectively. On the basis of this
knowledge and experiences it can be concluded that PRRS eradication in
Germany with its intensive pig production and remarkably high pig density
in several regions may only be possible through a national eradication
program. The ***lack*** of potent ***marker*** ***vaccines*** that
reduce
the virus spread significantly, combined with the lack of
differentiating diagnostic tests for routine laboratory use leads
to the recommendation not to launch a national eradication program under
the given circumstances. For the future it should be taken into account
that the situation after reintroduction of PRRSV in a free region could
only be managed by stamping-out which is generally poorly accepted by the
majority of pig producers.

18/7/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020020938 BIOSIS NO.: 200800067877
Genetic variability of response to pathogens: a tool to improve health of
farmed fish and molluscs
ORIGINAL LANGUAGE TITLE: Variabilite genetique de la reponse aux organismes
pathogenes : un outil pour ameliorer la sante des mollusques et poissons
d'elevage
AUTHOR: Quillet E (Reprint); Boudry P; Lapegue S
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JOURNAL: Productions Animales (Paris) 20 (3): p239-251 JUL 2007 2007

ISSN: 0990-0632
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: French

ABSTRACT: Controlling health of livestock has become of considerable importance to the aquaculture industry. Selective breeding of animals with increased resistance to pathogens is likely to complete efficiently the use of drugs, vaccines or prophylactic approaches that may be ***difficult*** to implement. A ***review*** of the scientific literature shows that the prospect of selecting for increased resistance is quite hopeful in both molluscs and fish. Yet, selecting for disease resistance is hampered by the difficulty to measure the resistance of individuals. Prospects for the development of << ***markers*** >> that would predict the genetic merit of individuals without pathogen challenge are presented. The breeding schemes that may be implemented for fish and molluscs in the French industry are discussed.

18/7/8 (Item 8 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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0019772098 BIOSIS NO.: 200700431839
T cell-based diagnosis of childhood tuberculosis infection
AUTHOR: Lalvani Ajit (Reprint); Millington Kerry A
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JOURNAL: Current Opinion in Infectious Diseases 20 (3): p264-271 JUN 2007
2007
ISSN: 0951-7375
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Purpose of review T-cell interferon-gamma release assays (TIGRAs), available as enzyme-linked immunospot (ELISpot) and enzyme-linked immunoassay (ELISA), potentially significantly advance on the tuberculin skin test (TST) for diagnosis of tuberculosis infection. We ***review*** all publications using TIGRAs in children to appraise paediatricians of the advantages and limitations of these new blood tests. Recent findings Unlike TST, both tests are independent of Bacille Calmette-Guerin vaccination status, providing higher ***diagnostic*** specificity. In children with active tuberculosis ELISpot is more sensitive than TST and is unaffected by HIV infection, age under 3 years or malnutrition; ELISA data are currently limited. In the absence of a gold-standard test for latent tuberculosis infection, tuberculosis exposure was used as a surrogate marker; ELISpot generally correlates better with tuberculosis exposure than TST, while ELISA ***correlates*** broadly similarly. Indeterminate test results in young children are rare with ELISpot and are more common with ELISA. Summary Although longitudinal studies quantifying risk of progression to tuberculosis in tuberculosis-exposed children with positive TIGRA results are required urgently, the small but rapidly expanding evidence-base since the first application of TIGRAs to childhood tuberculosis in 2003 combined with recent national guidelines makes a strong case for judicious use of TIGRAs in clinical management of paediatric tuberculosis.

18/7/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0019692544 BIOSIS NO.: 200700352285
Acute disseminated encephalomyelitis
AUTHOR: Tenembaum Silvia (Reprint); Chitnis Tanuja; Ness Jayne; Hahn Jin S;
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JOURNAL: Neurology 68 (Suppl. 2): pS23-S36 APR 2007 2007
ISSN: 0028-3878
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Acute disseminated encephalomyelitis (ADEM) is an immune-mediated inflammatory disorder of the CNS characterized by a widespread demyelination that predominantly involves the white matter of the brain and spinal cord. The condition is usually precipitated by a viral infection or ***vaccination***. The presenting features include an acute encephalopathy with multifocal neurologic signs and deficits. Children are preferentially affected. In the absence of specific biologic markers, the diagnosis of ADEM is still based on the clinical and radiologic features. Although ADEM usually has a monophasic course, recurrent or multiphasic forms have been reported, raising diagnostic difficulties in distinguishing these cases from multiple sclerosis (MS). The International Pediatric MS Study Group proposes uniform definitions for ADEM and its variants. We discuss some of the difficulties in the interpretation of available literature due to the different terms and definitions used. In addition, this review summarizes current knowledge of the main aspects of ADEM, including its clinical and radiologic diagnostic features, epidemiology, pathogenesis, and outcome. An ***overview*** of ADEM treatment in children is provided. Finally, the controversies surrounding pediatric MS and ADEM are addressed.

18/7/10 (Item 10 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0019551642 BIOSIS NO.: 200700211383
Molecular biology of avian infectious laryngotracheitis virus
AUTHOR: Fuchs Walter (Reprint); Veits Jutta; Helferich Dorothee; Granzow Harald; Teifke Jens P; Mettenleiter Thomas C
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JOURNAL: Veterinary Research (Les Ulis) 38 (2): p261-279 FEB-MAR 2007 2007
ISSN: 0928-4249
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Infectious laryngotracheitis virus (ILTV) is an alphaherpesvirus that causes an economically important chicken disease, which results in delayed growth, reduced egg production, and also frequently in death of the animals. After acute infection of the upper respiratory tract, the

virus can establish latency in the central nervous system, and subsequent reactivations can lead to infection of naive chickens. For prevention of ILT, conventionally attenuated live vaccines are available. However, these vaccine strains are genetically not characterized, and reversions to a virulent phenotype occur. Although molecular analyses of ILTV are hampered by the lack of an optimal cell culture system, the complete nucleotide sequence of the ILTV genome has recently been elucidated, and several ILTV recombinants lacking nonessential, but virulence determining genes have been constructed. Animal trials indicated that genetically engineered stable gene deletion mutants are safe alternatives to the current ***vaccine*** strains. Furthermore, since live ILTV vaccines are suitable for fast and inexpensive mass administration, they are promising as vectors for immunogenic proteins of other chicken pathogens. Thus, immunization with ILTV recombinants expressing avian influenza virus hemagglutinin was shown to protect chickens against ILT and fowl plague. Using monospecific antisera and monoclonal antibodies several virion proteins of ILTV have been identified and characterized. Since they include immunogenic envelope glycoproteins, these results can contribute to the improvement of virus ***diagnostics***, and to the development of ***marker***

vaccines

18/7/11 (Item 11 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
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19348322 BIOSIS NO.: 200700008063
 Beneficial non-targeted effects of BCG - Ethical implications for the coming introduction of new TB vaccines
 AUTHOR: Roth A E (Reprint); Stensballe L G; Garly M L; Aaby P
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 JOURNAL: Tuberculosis (Amsterdam) 86 (6): p397-403 NOV 2006 2006
 ISSN: 1472-9792
 DOCUMENT TYPE: Article; Literature Review
 RECORD TYPE: Abstract
 LANGUAGE: English

ABSTRACT: Non-targeted effect of BCG : Several recent studies suggest that BCG has beneficial non-targeted effects on general child survival in low-income countries. Studies of the effect of BCG on morbidity in humans are scarce; some found a positive effect of BCG and others show no effect. Non-targeted effects of vaccines-possible bias and confounding: The major argument against comparing vaccinated and unvaccinated groups is that there is a beneficial social selection bias for vaccinated children-the "Healthy vaccinee effect". However, controlling for various social and health-related background factors in the survival analyses had no effect on the estimates, making this source of bias less likely. A more powerful argument that the findings are not due to the healthy vaccinee effect is that differential non-targeted effects of other vaccines have been observed; diphtheria-tetanus-pertussis vaccination has marked negative effects on child survival, whereas measles vaccine has a positive effect in several studies. Several studies have shown better survival for children reacting to their BCG vaccination with a BCG scar or tuberculin skin test reaction (TST). It could be argued that the reacting children were immunologically stronger and therefore more likely to survive-the "Healthy reactor effect". However, recent findings show that a BCG scar and a TST reaction depend to a large extent on the

vaccination technique. Hence, the BCG responses may reflect a true vaccine effect and not merely the health status of the children. Since HIV-1 has been shown to suppress both TST and BCG scar reaction in response to BCG, it is an obvious contributor to the healthy reactor effect, but excluding deaths of children with HIV-1 infection from analysis did not affect the beneficial effect of having a positive TST. Excluding children exposed to tuberculosis (TB) in the household did not affect the estimates either. Furthermore, there are strong sex-differential, effects of BCG in both mortality and morbidity data, BCG being more beneficial for girls. These observations cannot consistently be explained by the healthy vaccinee or healthy reactor effects. Ethical implications: For future TB-vaccine studies, these findings imply that: center dot A new vaccine candidate should be evaluated against BCG through randomized trials with BCG alone in one of the study arms. center dot Outcomes should be gender-specific. center dot Survival and general morbidity should be among major outcomes in such trials. These recommendations might be considered to delay or to be a too large obstacle for the development and trials of new TB ***vaccines***. However, most of the non-targeted beneficial effects of BCG have been observed in children below 2 years of age, which is not a long follow-up time in a TB- ***vaccine*** trial. Furthermore, considering the difficulty in setting the TB diagnose in children and the lack of reliable TB-protection markers, it does not seem unreasonable to argue for monitoring of general morbidity and survival in future TB- ***vaccine*** trials. (c) 2006 Elsevier Ltd. All rights reserved.

18/7/12 (Item 12 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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18642112 BIOSIS NO.: 200510336612
Update on cancer vaccines
AUTHOR: Stevenson Freda K (Reprint)
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Southampton SO16 6YD, Hants, UK**UK
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JOURNAL: Current Opinion in Oncology 17 (6): p573-577 NOV 2005 2005
ISSN: 1040-8746
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Purpose of reviewVaccination against cancer has had a variable history, with claims of success often fading into disappointment. The reasons for this include poor ***vaccine*** design, inadequate understanding of the nature of the immune response, and a ***lack*** of objective measures to evaluate performance. The impact of genetic technology has changed everything. We now have multiple strategies to identify candidate tumor antigens, and we understand more about activation and regulation of immunity against cancer. There are novel vaccine strategies to activate specific attack on tumor cells. We also have modern assays using surrogate ***markers*** of performance to ***correlate*** with clinical effects. It is timely to select significant relevant papers to illustrate the growing potential for patients with cancer. Recent findingsRecent findings include tumor antigen discovery and vaccine formulation, relevant knowledge concerning mechanisms of induction of effective immunity from preclinical models, and translation into clinical trials with objective evaluation of performance. SummaryThe ability of the immune response to dispose of

cancer cells is clear. Passive transfer of antibody or immune cells is already clinically successful. We are now in a position to harness new gene-based information to design vaccines capable of inducing effective and long-lasting immunity. Safe vaccines could be used either in patients or in transplant donors. Pilot clinical trials are the means of testing performance, with continuing vaccine design modification to target specific antigens in different cancers.

18/7/13 (Item 13 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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18321659 BIOSIS NO.: 200510016159
T cell vaccines for microbial infections
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JOURNAL: Nature Medicine 11 (4): pS25-S32 APR 05 2005
ISSN: 1078-8956
DOCUMENT TYPE: Article; Literature Review
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ABSTRACT: Vaccination, or the deliberate induction of protective immunity by administering nonpathogenic forms of a microbe or its antigens to induce a memory immune response, is the world's most cost-effective medical procedure for preventing morbidity and mortality caused by infectious disease(1). Historically, most ***vaccines*** have worked by eliciting long-lived plasma cells. These cells produce antibodies that limit disease by neutralizing a toxin or blocking the spread of the infectious agent. For these 'B cell ***vaccines***', the immunological marker, or correlate, for protection is the titer of protective antibodies. With the discovery of HIV/AIDS, vaccine development has been confronted by an agent that is not easily blocked by antibody(2). To overcome this, researchers who are developing HIV/AIDS vaccines have turned to the elicitation of cellular immunity, or 'T cell vaccines,' which recognize and kill infected cells(3,4).

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17654341 BIOSIS NO.: 200400025098
Susceptibility to Mycobacterium tuberculosis: Lessons from inbred strains of mice.
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JOURNAL: Tuberculosis (Amsterdam) 83 (5): p279-285 2003 2003
MEDIUM: print
ISSN: 1472-9792 (ISSN print)
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RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Inbred strains of mice exhibit varied patterns of susceptibility

following infection with virulent Mycobacterium tuberculosis. Susceptible mice have progressive fulminate disease resulting in their premature death; in contrast, resistant mice are able to control bacterial replication, ***limit*** lung injury and survive longer. The use of these mouse strains in experimental infection has allowed the identification of immunological correlates of protective versus unsuccessful host responses to tuberculosis, and the identification of susceptibility loci by combining classical and molecular genetics. These immunological and genetic features that distinguish susceptible and resistant inbred mouse strains may allow us to better understand susceptibility to tuberculous disease in people. A possible benefit would be the delineation of markers of protective immunity for use in vaccine development. This is a ***review*** of recent insights into the genetics and immunology of resistance and susceptibility to virulent M. tuberculosis using genetically intact mice.

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17357800 BIOSIS NO.: 200300316519
Smallpox and smallpox vaccination: Neurological implications.
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JOURNAL: Neurology 60 (8): p1241-1245 April 22, 2003 2003
MEDIUM: print
ISSN: 0028-3878 (ISSN print)
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Compulsory vaccination was discontinued in the U.S. in 1972; the world was declared free of smallpox infection in 1980. Since that time, no new smallpox infections have been recognized, and only limited numbers of military and laboratory personnel have been vaccinated. As a result, the majority of the U.S. and the world population have no or diminished immunity to smallpox. Widespread ***vaccination***, beginning with the military and health care workers, is now being undertaken. Public health strategies for immunizing the general population include preexposure voluntary vaccination, case surveillance with ring ***vaccination***, and mass ***vaccination*** at the time of attack. Cutaneous complications of vaccination occur in immunosuppressed subjects and in those with atopic dermatitis. Among the most serious complications is postvaccinal encephalomyelitis (PVEM). A related condition, postvaccinial encephalopathy (PVE), may be seen in children less than two years of age. There are no ***markers*** to ***predict*** who will develop PVEM. In the past, mortality was high, ranging from 10 to 50%. The neuropathology of PVEM suggested an immune-mediated attack on the CNS, but the target of the immune response is unknown. Comprehensive programs are needed for surveillance and confirming case definitions for neurologic complications. Multi-institutional controlled trials of antiviral and immune modulating therapy of PVEM should be considered. Neurologists should be actively involved in the planning process for vaccination programs and in the treatment of neurologic complications.

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[Biotechnology for the benefit of vaccination against viral diseases: A
review.]

ORIGINAL LANGUAGE TITLE: Biotechnologie ten behoeve van vaccinatie tegen
virusziekten: Een overzicht

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JOURNAL: Tijdschrift voor Diergeneeskunde 127 (1): p7-16 1 Januari, 2002
2002

MEDIUM: print

ISSN: 0040-7453

DOCUMENT TYPE: Article; Literature Review

RECORD TYPE: Abstract

LANGUAGE: Netherlandish

ABSTRACT: This review deals briefly with some key developments in
veterinary viral vaccinology, lists the types of vaccines
that are used for vaccinations commonly performed in food animals
as well as in companion animals, and indicates that the practising
veterinarian can select the best vaccine by comparing the results
of efficacy studies. Diva (Differentiating Infected from ***Vaccinated***
Animals; also termed marker) vaccines and companion
diagnostic tests have been developed that can be used for programmes
aimed to control or eradicate virus infections. ***Vaccine*** -induced
herd immunity, which can be measured relatively easily when diva
vaccines are used, is a crucial issue in such programmes. Current
vaccine research follows many routes towards novel vaccines,
which can be divided into non-replicating ('killed') and replicating
('live') ***vaccines***. Promising trends are the development of DNA
vaccination, vector vaccines, and attenuation of DNA and RNA
viruses by DNA technology. The ***lack*** of (in vitro) ***correlates***
of vaccine protection markedly hampers progress in vaccine
research. Various characteristics of an 'ideal' vaccine are listed, such
as multivalency and the induction of lifelong immunity after one
non-invasive administration in animals with maternal immunity. Future
research should be aimed at developing vaccines that approach the ideal
as closely as possible and which are directed against diseases not yet
controlled by vaccination and against newly emerging diseases.

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16274930 BIOSIS NO.: 200100446769

Present and future of veterinary viral vaccinology: A review

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JOURNAL: Veterinary Quarterly 23 (3): p100-108 July, 2001 2001

MEDIUM: print

ISSN: 0165-2176

DOCUMENT TYPE: Article; Literature Review

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: This review deals briefly with some key developments in veterinary vaccinology, lists the types of vaccines that are used for vaccinations commonly performed in food animals as well as in companion animals, and indicates that the practising veterinarian can select the best vaccine by comparing the results of efficacy studies. Diva (Differentiating Infected from ***Vaccinated*** Animals; also termed marker) vaccines and companion diagnostic tests have been developed that can be used for programmes aimed to control or eradicate virus infections. ***Vaccine*** -induced herd immunity, which can be measured relatively easily when diva vaccines are used, is a crucial issue in such programmes. Current ***vaccine*** research follows many routes towards novel vaccines, which can be divided into non-replicating ('killed') and replicating ('live') ***vaccines***. Promising trends are the development of DNA vaccination, vector ***vaccines***, and attenuation of DNA and RNA viruses by DNA technology. The lack of (in vitro) correlates of vaccine protection markedly hampers progress in vaccine research. Various characteristics of an 'ideal' vaccine are listed, such as multivalency and the induction of lifelong immunity after one non-invasive administration in animals with maternal immunity. Future research should be aimed at developing vaccines that approach the ideal as closely as possible and which are directed against diseases not yet controlled by vaccination and against newly emerging diseases.

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13188178 BIOSIS NO.: 199698656011
Epidemiology of childhood hepatitis B in India: Vaccination related issues
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JOURNAL: Indian Journal of Pediatrics 62 (6): p635-653 1995 1995
ISSN: 0019-5456
DOCUMENT TYPE: Article
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LANGUAGE: English

ABSTRACT: It has been estimated that presently hepatitis B kills more people every day than AIDS kills in a year world-wide. Infection with hepatitis B produces a wide range of manifestations ranging from asymptomatic carriers to persistent infections leading to chronic liver diseases and hepatocellular carcinoma. Availability of effective and safe ***vaccine*** has made all this preventable. To formulate an appropriate vaccination strategy for India the epidemiology of hepatitis B needs to be defined. This report critically ***reviews*** the available data. The burden of long term sequelae of HBV infection is probably under- ***diagnosed*** and under-reported in India. Prevalence studies of HBV markers indicate that India falls under the area of intermediate endemicity. ***Limited*** data on age-specific prevalence of HBV markers suggests that the majority of the infection seems to take place below 15 years of age, and most of it under one year. Perinatal transmission appears to contribute significantly to the carrier pool. Childhood ***vaccination*** for HB among the general population is the obvious strategy of choice. But more information is required to decide on the timing of the first dose.

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12314988 BIOSIS NO.: 199497336273
Human immunodeficiency virus envelope glycoproteins
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JOURNAL: Journal of Acquired Immune Deficiency Syndromes 7 (SUPPL. 1): p
S14-S20 1994 1994
ISSN: 0894-9255
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Given the long-term clinical latency and high level of replication of human immunodeficiency virus (HIV), it is not surprising that HIV has developed a method of persistence involving production of novel variants in its proteins. Therapeutic vaccines attempt to harness enhanced immune mechanisms to control viral replication, and thus prevent disease progression. A major problem in the development of a vaccine is the great variety of viral quasispecies in HIV infection worldwide and within the lifetime of a given individual. Furthermore, the protective immune parameters that correlate with the ability to control disease progression remain undefined. Manufacturers have followed a number of paths to select an immunogen. At present, investigators are monitoring different immune and viral parameters to measure the effects of therapeutic ***vaccination***. This monitoring ranges from HIV-specific cellular and humoral immunity to viral load markers and skin tests to recall antigens. Two possible major ***limitations*** to this treatment approach are the declining potency of the immune response and the ability of the virus to produce escape mutants, particularly during disease progression as viral replication increases. The latter escape mechanism could be similar to the specific pol mutations that enable the virus to escape the impact of drug therapy. Although apparent safety has been observed in phase II/III studies using several HIV envelope-based therapeutic vaccines, investigators have documented reproducible immunogenicity only in HIV-seropositive individuals with CD4+ T cells $\geq 400/\text{mm}^3$. A convincing impact of vaccine therapy on viral load or the course of HIV disease has not been demonstrated.

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0083536253 EMBASE/Medline No: 2010045486
Strategies for differentiating infection in vaccinated animals (DIVA) for foot-and-mouth disease, classical swine fever and avian influenza
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LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 127

The prophylactic use of vaccines against exotic viral infections in production animals is undertaken exclusively in regions where the disease concerned is endemic. In such areas, the infection pressure is very high and so, to assure optimal protection, the most efficient vaccines are used. However, in areas considered to be free from these diseases and in which there is the possibility of only limited outbreaks, the use of Differentiation of Infected from Vaccinated Animals (DIVA) or marker vaccines allows for vaccination while still retaining the possibility of serological surveillance for the presence of infection. This literature ***review*** describes the current knowledge on the use of DIVA diagnostic strategies for three important transboundary animal diseases: Foot-and-mouth disease in cloven-hoofed animals, classical swine fever in pigs and avian influenza in poultry. (c) 2010 Expert ***Reviews*** Ltd.

18/7/21 (Item 2 from file: 73)
DIALOG(R) File 73:EMBASE
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0083281912 EMBASE/Medline No: 2009531030
Cytomegalovirus and pregnancy
Cytomegalovirus et grossesse
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URL: <http://www.john-libbey-eurotext.fr/e-docs/00/04/4F/2C/versalt/VersionPDF.pdf>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 64

Cytomegalovirus infection is the most common viral infection transmitted from the mother to the fetus. Congenital CMV infection occurs in approximately 1% of all newborns. The most serious fetal damages mainly occur (10%) after primary infection during pregnancy. Clinically apparent infections are characterized by involvement of multiple organs particularly the central nervous system with severe sequelae such as mental retardation, deafness and ocular defects. ***Diagnosis*** of CMV maternal/fetal infection could be justified by its frequency and its potential severity but the absence of reliable prognostic markers of congenital CMV disease makes ***difficult*** its management during pregnancy. A better knowledge of the physiopathology of CMV placental infection, correct counselling, identification of prognostic markers of fetal CMV

infection may avoid the occurrence of the most severe fetal infections before development of safe and efficient ***vaccines*** and treatments.

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DIALOG(R)File 73:EMBASE
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0083245996 EMBASE/Medline No: 2008247759
Infectious complications of acute and chronic GVHD
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DOI: 10.1016/j.beha.2008.02.017
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
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NUMBER OF REFERENCES: 47

Immune defects prolonged by treatment regimens for graft-versus-host disease (GVHD) include cell-mediated immunity and hypogammaglobulinemia. Infections have become increasingly important during GVHD therapy, paradoxically because the success of immunosuppressive practice has led to improved survival. Infections originate from both endogenous and exogenous sources. Regimens for prevention of infection include: (a) continued surveillance monitoring for infections with reliable diagnostic testing, and (b) antimicrobial prophylaxis for those pathogens without ***markers*** that could be followed for surveillance. Repeated episodes of the same infection, diagnosis of a new life-threatening infection, or specific underlying hematologic diagnoses should prompt a look for gross immunoglobulin deficiency that could be corrected in the short term by immunoglobulin therapy. At times, measurement of CD4 SUP + lymphocyte counts will assist in determining whether augmented prophylaxis is warranted. Since their efficacy may be ***limited*** , ***vaccine*** injections are not given during the immunosuppression associated with GVHD therapy, with the exception of influenza. (c) 2008 Elsevier Ltd. All rights reserved.

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DIALOG(R)File 73:EMBASE
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0083034165 EMBASE/Medline No: 2009262921
The HER-2 receptor and breast cancer: Ten years of targeted anti-HER-2 therapy and personalized medicine
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DOI: 10.1634/theoncologist.2008-0230
URL: <http://theoncologist.alphamedpress.org/cgi/reprint/14/4/320>
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LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 432

The human epidermal growth factor receptor (HER-2) oncogene encodes a transmembrane tyrosine kinase receptor that has evolved as a major classifier of invasive breast cancer and target of therapy for the disease. The validation of the general prognostic significance of HER-2 gene amplification and protein overexpression in the absence of anti-HER-2 targeted therapy is discussed in a study of 107 published studies involving 39,730 patients, which produced an overall HER-2-positive rate of 22.2% and a mean relative risk for overall survival (OS) of 2.74. The issue of HER-2 status in primary versus metastatic breast cancer is considered along with a section on the features of metastatic HER-2-positive disease. The major marketed slide-based HER-2 testing approaches, immunohistochemistry, fluorescence in situ hybridization, and chromogenic in situ hybridization, are presented and contrasted in detail against the background of the published American Society of Clinical Oncology-College of American Pathologists guidelines for HER-2 testing. Testing issues, such as the impact of chromosome 17 polysomy and local versus central HER-2 testing, are also discussed. Emerging novel HER-2 testing techniques, including mRNA-based testing by real-time polymerase chain reaction and DNA microarray methods, HER-2 receptor dimerization, phosphorylated HER-2 receptors, and HER-2 status in circulating tumor cells, are also considered. A series of biomarkers potentially associated with resistance to trastuzumab is discussed with emphasis on the phosphatase and tensin homologue deleted on chromosome ten/Akt and insulin-like growth factor receptor pathways. The efficacy results for the more recently approved small molecule HER-1/HER-2 kinase inhibitor lapatinib are also presented along with a more limited review of markers of resistance for this agent. Additional topics in this section include combinations of both anti-HER-2 targeted therapies together as well as with novel agents including bevacizumab, everolimus, and tenespimycin. A series of novel HER-2-targeting agents is also presented, including pertuzumab, ertumaxomab, HER-2 vaccines, and recently discovered tyrosine kinase inhibitors. Biomarkers ***predictive*** of HER-2 targeted therapy toxicity are included, and the review concludes with a consideration of HER-2 status in the prediction of response to non-HER-2 targeted treatments including hormonal therapy, anthracyclines, and taxanes. (c)AlphaMed Press.

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0081396813 EMBASE/Medline No: 2006459652
Should patients receive 23-valent pneumococcal vaccination more than once?
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DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 17

Streptococcus pneumoniae is the most common cause of community-acquired pneumonia and the second most common cause of bacterial meningitis in the United States. An estimated 40,000 people die annually in the US from pneumococcal infections. Even with antibiotic treatment and intensive care unit support, the mortality of patients with pneumococcal bacteremia approaches 25% to 30%. Because of the importance of this pathogen, it has been the focus of several trials to demonstrate the efficacy of the primary vaccination. To date, 7 meta-analyses have been completed to assess the efficacy of pneumococcal vaccine in adults, with varying results. Most recently, a Cochrane Review (updated in 2005) concluded that "the combined results from randomized studies fail to show that the polysaccharide vaccine is effective in preventing either pneumonia or death." However, they did recognize that the nonrandomized studies have consistently shown that the polysaccharide vaccine is effective in reducing the more specific outcome of invasive pneumococcal disease (bacteremia and meningitis). Multiple studies have used measurement of antibody levels to assess the response of patients to the vaccine and for justification of the need for revaccination. However, measurement of antibody levels to pneumococcal serotypes is difficult, inexact, and is only a surrogate marker for the immune status of a patient, which also relies on the overall function of their immune system. Although pneumococcal vaccine is most highly recommended in patients with chronic disease or immunodeficiency, these patients have a poorer initial response rate and a faster decline in antibody levels than younger, immunocompetent recipients of the ***vaccine***. A study of pneumococcal strains cultured from hospitalized patients demonstrated a duration of protection against pneumococcal infection that was much longer than that ***predicted*** by the shorter duration of antibody levels. The vaccine's ability to reduce infection (due to serotypes included in the vaccine) lasted for at least 9 years and overall efficacy for preventing infection caused by the serotypes included in the vaccine was 57%. Revaccination is safe; particularly when performed more than 5 years after the initial vaccination. Injection site reactions are more common and more severe in revaccinated persons (rising from 3% to 15% in the immunocompetent patient). Revaccination, however, does not result in increased rates of hospitalization, and few severe reactions have been reported. No randomized or prospective trials regarding the clinical efficacy of revaccination have been completed. However, when reviewing the studies of antibody response, several summary conclusions can be made. Among those who were nonresponders to the initial vaccination, revaccination (even repeated revaccination) is not effective in stimulating any significant antibody response. Among those who responded to the primary vaccination, revaccination can stimulate a second antibody response-albeit to lower levels and with less duration than after the initial vaccination. Among those who do respond to revaccination, antibody levels can rapidly decline to undetectable levels in a matter of months, and they may or may not retain protection against disease over time. It appears that revaccination recommendations have been based on the safety of the vaccination, concern for patients at risk and reduced antibody levels, rather than on proven clinical utility.

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Role of anti-infective strategies in the prevention of stroke

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LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 29

Case-control studies and a few prospective studies have indicated that chronic infections may add to the risk of stroke and that acute infections may act as trigger factors for stroke. Such chronic infections include periodontal disease, infection with Chlamydia pneumoniae or Helicobacter pylori, and chronic bronchitis. A causal role of these infectious diseases has not been proved, given conflicting study results, possible residual confounding in observational studies, and the lack of evidence from interventional trials. Therefore, special treatment regimens for stroke prevention based on serologic or genomic evidence of infection are not indicated outside of randomized studies at present. However, the preliminary available evidence suggests that in patients with previous cerebral ischemia, clinically diagnosed chronic infections should be taken seriously and should receive the treatment that is indicated according to current guidelines. This may include appropriate treatment of moderate or severe periodontitis and of chronic bronchitis. Inflammatory parameters (eg, C-reactive protein, leukocyte count, fibrinogen) are independently associated with the risk of first or recurrent stroke. The question of whether these indexes are causally related to stroke or merely represent risk ***markers*** is not sufficiently clarified. Their use in monitoring individual risk in daily clinical practice is limited at present by the lack of clearly defined therapeutic strategies to modify these parameters, although statins and other drugs can influence inflammatory ***markers***. Observational studies have shown that influenza vaccination is significantly and independently associated with a reduced risk of stroke and myocardial infarction. Although interventional studies in stroke are lacking, it is recommendable that in accordance with current guidelines patients with previous vascular disease, including stroke, patients with high risk of stroke, and all subjects above age 60, receive an influenza ***vaccination*** annually. Copyright (c) 2005 by Current Science Inc.

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Molecular basis for advances in cervical screening

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URL: <http://saturn.bids.ac.uk/cgi-bin/ds>

<http://saturn.bids.ac.uk/cgi-bin/dsdeliver/1/u/d/ISIS/23213165.1/adis/mdn/2005/00000009/00000003/art00003/56B4EE135EEC524A113144269945133C7629D39BB8.pdf?link=http://www.ingentaconnect.com/error/delivery&format=pdf>

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LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 93

Human papillomaviruses (HPVs) cause cervical lesions, which can, in some instances, progress to high-grade neoplasia and cancer. Around half a million cases of cervical cancer occur each year, with most occurring in developing countries where cervical cancer is a major cause of cancer-related death. The reduction in cervical cancer incidence in developed countries is largely attributed to the introduction of cervical screening. Cervical screening currently depends on the identification by cytology of abnormalities in cells taken from the surface of the cervix. The standard Pap test was developed >50 years ago, and despite modifications, still forms the basis of the test currently in use in most routine screening laboratories. Advances in our understanding of the molecular mechanisms that lead to the development of cervical cancer have been slow to impact on screening, despite the relatively high false-negative rates that can be associated with the conventional Pap smear. Improvements in screening strategies fall into a number of categories. Methods that improve cell presentation and attempt to eliminate artefacts/obscuring debris can be combined with image analysis systems in order to enhance diagnostic accuracy. Such approaches still rely on cytological evaluation and do not incorporate advances in our knowledge of how HPV causes cancer. By contrast, markers of virus infection or cell cycle entry, particularly those that offer some degree of prognostic significance, may be able to highlight abnormal cells more reliably than cytology, and could be combined with cytology to improve the detection rate. Our understanding of the molecular biology of HPV infection and the organization of the HPV life-cycle during cancer progression provides a rational basis for marker selection. The general assumption that persistent active infection by high-risk HPV types is the true precursor of cervical cancer provides the rationale for HPV DNA testing in conjunction with enhanced cytology, while the development of RNA-based approaches should allow active infections to be distinguished from those that are latent. The detection in superficial cells of marker combinations at the level of RNA or protein has the potential to predict disease status more precisely than the detection of ***markers*** in isolation. There is also a need for better prognostic markers if the predictive value of screening is to be improved. The potential to control infection by vaccination should reduce the incidence of HPV-associated neoplasia in the population, and this may cause a change in the way that screening is carried out. Nevertheless, the ***lack*** of a therapeutic ***vaccine***, and the difficulties associated with eliminating infection by

multiple high-risk HPV types, means that some form of screening will still be required as a preventive measure for the control of cervical cancer for the foreseeable future. (c) 2005 Adis Data Information BV. All rights reserved.

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The laboratory diagnosis of hepatitis B virus
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Hepatitis B virus (HBV) chronically infects approximately 250,000 Canadians and 350 million people worldwide. Without intervention, approximately 15% to 40% of chronically infected individuals will eventually develop cirrhosis, end-stage liver disease or hepatocellular carcinoma, or require liver transplantation. The availability and extensive use of the HBV vaccine has dramatically reduced the number of incident infections in Canada and worldwide. Effective therapeutic agents have been and continue to be developed to treat chronic infection. The present review provides a comprehensive overview of diagnostic tests for HBV infection and immunity, and elaborates on HBV risk factors, ***vaccine*** prevention and therapeutic monitoring. HBV diagnosis is accomplished by testing for a series of serological markers of HBV and by additional testing to exclude alternative etiological agents such as hepatitis A and C viruses. Serological tests are used to distinguish acute, self-limited infections from chronic HBV infections and to monitor ***vaccine*** -induced immunity. Nucleic acid testing for HBV-DNA is increasingly being used to quantify HBV viral load and measure the effectiveness of therapeutic agents. Given the multitude of available tests and the complexity of clinical management, there is a critical need for greater coordination among clinicians, diagnostic laboratory personnel and researchers to define optimal laboratory diagnostic and monitoring assays so that the appropriate tests are used to maximize prevention and optimize treatment outcomes. (c)2005 Pulsus Group Inc. All rights reserved.

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Serotype-specific mortality from invasive Streptococcus pneumoniae

disease revisited

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LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 37

Background: Invasive infection with *Streptococcus pneumoniae* (pneumococci) causes significant morbidity and mortality. Case series and experimental data have shown that the capsular serotype is involved in the pathogenesis and a determinant of disease outcome. Methods: Retrospective review of 464 cases of invasive disease among adults diagnosed between 1990 and 2001. Multivariate Cox proportional hazard analysis. Results: After adjustment for other markers of disease severity, we found that infection with serotype 3 was associated with an increased relative risk (RR) of death of 2.54 (95% confidence interval (CI): 1.22-5.27), whereas infection with serotype 1 was associated with a decreased risk of death (RR 0.23 (95% CI, 0.06-0.97)). Additionally, older age, relative leucopenia and relative hypothermia were independent ***predictors*** of mortality. Conclusion: Our study shows that capsular serotypes independently influenced the outcome from invasive pneumococcal disease. The ***limitations*** of the current polysaccharide pneumococcal ***vaccine*** warrant the development of alternative vaccines. We suggest that the virulence of pneumococcal serotypes should be considered in the design of novel vaccines. (c) 2004 Martens et al; licensee BioMed Central Ltd.

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Evaluating the role of human papillomavirus vaccine in cervical cancer prevention

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Persistent genital infection with human papillomavirus (HPV) is a natural candidate as a surrogate marker for cervical cancer because of the strong epidemiologic and molecular evidence that HPV infection is the causative agent for almost all cervical cancers. However, while infection with high-risk types of HPV appears to be necessary for the development of cervical cancer, most infections are controlled by host immune response and do not lead to cancer in the vast majority of infected women. Because diagnostic tests cannot distinguish a persistent infection in the pathogenesis of cervical cancer from a transient infection, it is difficult to describe the disease mechanism as a progressive process based on observations. Therefore, the disease pathogenesis pathway does not fit into the usual surrogate marker framework, raising practical concerns about using HPV infection as a surrogate for a clinical endpoint in ***vaccine*** trials. In this paper, we describe the challenges in defining HPV infection as a surrogate endpoint in a HPV vaccine trial that is aimed at reducing cervical cancer rates and examine potential effects of the ***vaccine***. We then outline some issues in the design and analysis of HPV vaccine trials, including the use of operationally defined HPV infection events meant to capture persistent infections. We conclude with a recommendation for a multistate model that uses HPV infection to help explain the mechanisms of vaccine action rather than validate it as an endpoint substitute. (c) Arnold 2004.

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Mucins and mucin binding proteins in colorectal cancer
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Mucins are high-molecular weight epithelial glycoproteins with a high content of clustered oligosaccharides O-glycosidically linked to tandem repeat peptides rich in threonine, serine, and proline. There are two structurally and functionally distinct classes of mucins: secreted gel-forming mucins (MUC2, MUC5AC, MUC5B, and MUC6) and transmembrane mucins (MUC1, MUC3A, MUC3B, MUC4, MUC12, MUC17), although the products of some MUC genes do not fit well into either class (MUC7, MUC8, MUC9, MUC13, MUC15, MUC16). MUC1 mucin, as detected immunologically, is increased in expression in colon cancers, which correlates with a worse prognosis. Expression of MUC2 secreted gel-forming mucin is generally decreased in colorectal adenocarcinoma, but preserved in mucinous carcinomas, a distinct subtype of colon cancer associated with microsatellite instability. Another secreted gel-forming mucin, MUC5AC, a product of normal gastric mucosa, is absent

from normal colon, but frequently present in colorectal adenomas and colon cancers. The O-glycosidically linked oligosaccharides of mucins can be described in terms of core type, backbone type, and peripheral structures. Colon cancer mucins have differences in both core carbohydrates and in peripheral carbohydrate structures that are being investigated as diagnostic and prognostic markers, and also as targets for cancer ***vaccines***. Colon cancer mucins typically have increases in three core structures: Tn antigen (GalNAc α Thr/Ser), TF antigen (Gal β 3GalNAc) and sialyl Tn (NeuA α 6GalNAc). The type 3 core (GlcNAc β 3GalNAc) predominant in normal colonic mucin is lacking in colon cancer mucins. There are cancer-associated alterations in the peripheral carbohydrates of colonic mucins including a decrease in O-acetyl-sialic acid and a decrease in sulfation. There are, however, cancer-associated increases in sialyl LeX and related structures on mucins and other glycoproteins that can serve as ligands for selectins, increasing the metastatic capacity of colon cancer cells. The endogenous galactoside-binding protein galectin-3, which is expressed at higher levels in colon cancers than normal colon, binds to colon cancer mucin as well as other glycoproteins. Interference of the binding of selectins and galectin-3 to mucin may show therapeutic or preventative promise for colon cancer.

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Dendritic cell gene therapy
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NUMBER OF REFERENCES: 53

All of these studies taken together highlight key areas that must be addressed in the future in order for the field to continue to move forward. These issues are many, including but not limited to method of delivery of dendritic cells to patients, maturation status of the dendritic cells, and methods of monitoring responses to these vaccines. Each of these requires some comment. Different strategies of immunization were used in these studies. DCs were injected at various times and in various locations, including intradermally/subcutaneously, intranodally, and intravenously. Investigation of the pattern of spread of subcutaneously injected fluorescently labeled DCs in the chimpanzee was studied at the University of Pittsburgh. Although rodent DCs had previously been shown to remain at the site of injection, these immature primate DCs migrated to draining lymph nodes and interact appropriately with T cells for as long as 5 days after administration. Data not shown in the same study reveal that

intravenously administered DCs were undetectable in draining lymph nodes. Two groups have undertaken evaluation of route of administration of DCs in humans. The first of these examined migration of immature, indium-111-labeled dendritic cells after RNA-loading in metastatic cancer patients [44]. The DCs were injected either intravenously, subcutaneously, and intradermally. Only DCs injected intradermally were cleared from the injection site with migration to regional lymph nodes. The immunologic significance of these findings is unclear, however. Another study examined this issue by studying prostatic acid phosphatase (PAP) protein-loaded mature DCs injected intravenously, intradermally, and intralymphatically in prostate cancer patients [45]. Regardless of route of administration, T cell responses were induced as measured by proliferation when PBMCs in vitro were stimulated with the PAP protein. Cytokine analysis of the patients revealed that the majority of patients undergoing either intralymphatic or intradermal injection had increases in measurable interferon-gamma but that none of the intravenously-injected patients did. The intralymphatic and intradermal routes thus seem to lead to stronger Th1 responses. But no data was presented regarding the numbers of PAP precursors induced by vaccination nor their specificity/cytotoxicity. Another issue in DC administration that should also affect route of administration is maturation status of the dendritic cells. Many of the studies used immature dendritic cells to immunize patients whereas others used mature cells. A number of studies have demonstrated that maturation signals such as inflammatory cytokines and CD40 ligation lead to down-regulation of antigen processing and up-regulation of the chemokine receptor CCR7, which leads to homing to lymph nodes [46] as well as the MHC molecules, costimulatory molecules, and maturation markers [8,47,48]. In addition, different maturation agents and sequences of addition of these maturation agents may lead to differences in functions of dendritic cells [48-51]. Others have found that injection of immature DCs pulsed with influenza matrix peptide and KLH, and lead to greater numbers of influenza-specific T cells, but these cells had reduced interferon-gamma production and lacked killer activity [52]. Perhaps the most impressive results in a clinical trial, however, were gained by injecting similar cells loaded with melanoma peptides [21]. In addition, sequence of loading and maturation may be important in creating vaccines. One study using CEA peptides and CEA RNA found that optimal T cell presentation occurs when peptides are loaded after maturation with CD40 ligand and when RNA is transfected before maturation with CD40 ligand [53]. As all of these studies reveal, more investigation into the role of DC maturation as well as its timing and sequence is needed. Finally, a multitude of methods to detect response to vaccination have been attempted in all of the above studies. Many use DTH responses, but these may measure CD4 T cells instead of CD8 T cells. The availability of tetramers allows easier quantification of CTL precursors, but they provide no assessment of the function of these T cells. Enzyme-linked immunospot assays allow identification and quantification of numbers of cells producing cytokines such as interferon-gamma when encountering target antigens, but cytokine production may not ***correlate*** with tumor cell killing. Chromium release assays or flow cytometric assays for molecules such as perforin may be used to validate killing, but inability of many tumors to grow in vitro precludes direct assessment of tumor cell killing via this method. Other responses in human subjects may also be measured. Some of the cited studies yielded clinical responses that could be measured via physical examination or radiologic study. This is the exception rather than the rule, however. Others have monitored the decrease in serum tumor markers such as PSA or CEA. But these may not ***correlate*** directly with tumor burden. Indirect calculation of tumor burden by using quantitative PCR to estimate the number of circulating tumor cells in peripheral blood may be promising in this regard. Despite the ***lack*** of consensus as to what constitutes an effective response, most would agree that monitoring of these patients

should include measures of both immunologic response and clinical tumor effect. All of this leads to the conclusion that DC-based cancer vaccines have progressed a great deal but that much work still needs to be done. Only rigorous benchtop experimentation followed by careful patient selection and vaccine administration, and then by meticulous patient monitoring, will lead to advances in the field.

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The quality of health care for adults with developmental disabilities
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Objective. The purpose of this study was to determine the health status of adults with developmental disabilities residing in community settings and the quality of the preventive, medical, dental, and psychiatric services they receive. Methods. Data were collected on a sample of 353 adults residing in Los Angeles, California, in 1997. Historical data were obtained from study subjects or caregivers, physical and dental examinations were performed, blood was drawn for analysis, and a psychiatrist reviewed medical records for reports of psychiatric
diagnoses and consultations. Results. Health ***markers***, such as rates of obesity, and laboratory test results of routine screening panels including blood cell counts, hemoglobin, and hematocrits; blood concentrations of liver enzymes and other enzymes, cholesterol, and triglycerides; and urinalyses were within normal limits for an adult population. However, preventive services were notably ***lacking***, especially for individuals living at home. Fewer than half of the study subjects had received influenza vaccine; only a third of those living alone or with family or friends had received this ***vaccination***. Chart audits revealed that about a third received psychotropic medications, but only 24% of these individuals had psychiatric consultations noted in their record. Further, 36% of this medicated group received psychotropic drugs without any identifiable diagnosis, and simultaneous receipt of two or more antipsychotics was not uncommon. Conclusions. Given that the U.S. health care system fails to ensure the provision of preventive services for all people, including the developmentally disabled, a systematic overhaul is necessary to establish an effective quality assurance program that will provide preventive medical, dental, and psychiatric services for people with developmental disabilities.

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Direct detection of cellular immune responses to cancer vaccines

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NUMBER OF REFERENCES: 18

The evaluation of cancer immunotherapy is predicated on the hypothesis that markers of tumor antigen-specific T-cell immunity will

correlate with clinical efficacy. Establishing which candidate vaccines should enter large-scale clinical trials will necessitate optimal application of immunologic monitoring assays. Evidence suggests that available techniques are adequate for the direct detection of clinically significant antigen-specific T-cell responses from tissue specimens. To achieve this goal, it is important to have an understanding of individual methods and their limitations, to include appropriate control antigens in the monitoring strategy, and to incorporate statistical considerations into the design and analysis of such studies.

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An assessment of the safety and efficacy implications of removing the type 2 strain from the trivalent oral poliovirus vaccine

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The development of an attenuated bivalent type 1 and type 3 Sabin strain poliovirus vaccine is technically possible. Such a product could be useful after eradication of disease caused by wild type 2 strain seems to have been accomplished. This step would have the potential advantage of reducing type 2 poliovirus vaccine-induced paralysis and might enhance the surveillance program necessary to show type 2 poliovirus eradication. There may be a reduction in vaccine costs, although this is not likely to be significant. A ***review*** of the literature does not provide sufficient data to ***predict*** the safety and effectiveness of such a product. Although this combination vaccine was used in several hundred thousand persons in the late 1950s and early 1960s, it was not studied in a

way that provided evidence that would meet today's standards. It was administered as part of a series of poliovaccines, including monovalent, bivalent, and trivalent formulations, and was not studied separately. Clinical studies could be conducted to remedy the lack of data defining the virologic events that would occur with a bivalent type 1 and type 3 product, including genetic ***marker*** studies. With intensive effort, this might be accomplished as quickly as 3 years from the time of their initiation, but probably a longer period would be required. However, the inability to prove that a new bivalent type 1 and type 3 product is equally safe or safer than the current trivalent vaccine with respect to the 1 per 750,000 first dose risk of vaccine-associated paralytic poliomyelitis (VAPP) is a particularly ***difficult*** issue. Modern techniques of molecular biology have contributed to our understanding of poliovirus infection with both wild and attenuated strains. It has helped to define the many changes that occur in the attenuated viruses as they multiply in the human intestine. However, the power of the new molecular biology has not solved the riddle of what precise combination of factors is responsible for VAPP. To prove safety, the vaccine would need to be used in several million children. Trials of this scale are unlikely to be undertaken before product approval. This would raise the issue of whether such use would be ethical and would at least make gathering a consensus on taking such a step extremely difficult. These considerations would have to be taken into account against the backdrop of the continued success of the poliomyelitis eradication program.

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 Rett syndrome: Natural history and management
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The clinical findings of seven girls and one woman, 2 to 25 years of age, with Rett syndrome are presented. Previous ***diagnoses*** included Prader-Willi syndrome, Angelman syndrome, toxic reaction to pertussis ***vaccine***, CNA dysgenesis, and encephalitis. Rett syndrome has a recognizable neurodevelopmental phenotype without a specific biologic ***marker***, which makes the ***diagnosis*** ***difficult*** at times. Treatment is largely supportive, and an active parent's association has been helpful to many families.

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 Travellers' diarrhoea

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Travellers' diarrhoea is a syndrome of diverse aetiology. So far, its epidemiology and microbiology have been most closely investigated in United States visitors to Mexico: it is not yet clear to what extent the results of these studies can be applied elsewhere. Enterotoxigenic E. coli are important causes but other agents undoubtedly remain to be discovered; they may include strains of E. coli whose pathogenicity is due neither to invasiveness nor to toxin production as detected by current methods. As the diagnostic net extends to include additional likely pathogens, multiple infections are likely to be recognized more frequently than at present and single 'causes' of the syndrome may become more difficult to identify both in individuals and groups. We still ***lack*** reliable immunological markers of infection, and we need to know much more about the nature of immunity to travellers' diarrhoea among long-stay and resident populations. Prevention is still a distant goal. Chemoprophylaxis cannot be generally recommended at the moment, though in some areas doxycycline appears to be useful in the prevention of illness due to sensitive strains of E. coli. Although toxoid ***vaccines*** induce only temporary immunity against cholera such vaccines might be effective against travellers' diarrhoea caused by E. coli infections, since exposure to these organisms is usually short-lived. Because there are a number of microbial causes of diarrhoea in travellers, pharmacological methods of control have great potential. Prostaglandin inhibitors and drugs interfering with the activation of cyclic AMP may eventually prove to be effective agents for both prophylaxis and treatment.

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Prevention and early detection of ovarian cancer: mission impossible?
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NUMBER OF REFERENCES: 53

Epithelial ovarian cancer is neither a common nor a rare disease. In the United States, the prevalence of ovarian cancer in postmenopausal women (1 in 2,500) significantly affects strategies for prevention and detection. If chemoprevention for ovarian cancer were provided to all women over the age of 50, side effects would have to be minimal in order to achieve an

acceptable ratio of benefit to risk. This ratio might be improved by identifying subsets of individuals at increased risk or by bundling prevention of ovarian cancer with treatment for other more prevalent conditions. Approximately 10% of ovarian cancers are familial and relate to mutations of BRCA1, BRCA2, and mismatch repair genes. More subtle genetic factors are being sought in women with apparently sporadic disease. Use of oral contraceptive agents for as long as 5 years decreases the risk of ovarian cancer in later life by 50%. In one study, fenretinide (4-HPR) delayed development of ovarian cancer in women at increased risk of developing breast and ovarian cancer. Accrual to confirmatory studies has been prohibitively slow and prophylactic oophorectomy is recommended for women at increased genetic risk. ***Vaccines*** may have a role for prevention of several different cancers. Breast and ovarian cancers express mucins that could serve as targets for vaccines to prevent both cancers. Early detection of ovarian cancer requires a strategy with high sensitivity (> 75% for stage I disease) and very high specificity (> 99.6%) to achieve a positive ***predictive*** value of 10%. Transvaginal sonography (TVS) has achieved these values in some studies, but is ***limited*** by the cost of annual screening in a general population. Two-stage strategies that incorporate both serum markers and TVS promise to be more cost-effective. An algorithm has been developed that calculates risk of ovarian cancer based on serial CA125 values and refers patients at highest risks for TVS. Use of the algorithm is currently being evaluated in a trial with 200,000 women in the United Kingdom that will critically test the ability of a two-stage screening strategy to improve survival in ovarian cancer. Whatever the outcome, additional serum markers will be required to detect all patients in an initial phase of screening. More than 30 serum markers have been evaluated alone and in combination with CA125. Recent candidates include: HE4, mesothelin, M-CSF, osteopontin, kallikrein(s) and soluble EGF receptor. Proteomic approaches have been used to define a distinctive pattern of peaks on mass spectroscopy or to identify a limited number of critical markers that can be assayed by more conventional methods. Several groups are placing known markers on multiplex platforms to permit simultaneous assay of multiple markers with very small volumes of serum. Mathematical techniques are being developed to analyze combinations of marker levels to improve sensitivity and specificity. In the future, serum markers should improve the sensitivity of detecting recurrent disease as well as facilitate earlier detection of ovarian cancer.

18/7/38 (Item 19 from file: 73)
 DIALOG(R)File 73:EMBASE
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0069003850 EMBASE/Medline No: 15962481

The place of marker vaccines in control and eradication of animal diseases--aspects of comparative interest.

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Institute for Animal Health, Compton Laboratory, Newbury, Berks, UK.

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Developments in biologicals (Dev Biol (Basel)) (Switzerland) August 4,
 2005, 121/- (181-188)

ISSN: 1424-6074

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 33

Smallpox is the first viral infection to have been eradicated world-wide. This remarkable success is due to several factors including the availability of an efficacious vaccine and the absence of a wildlife reservoir. The only animal virus disease sharing these characteristics is rinderpest, for which there are several efficacious vaccines. Other animal viral infections do not share the same characteristics, either due to the lack of an efficacious vaccine (African swine fever), or to the existence of wildlife reservoirs such as the wild boar for classical swine fever, the African buffalo for foot-and-mouth disease, bats for lyssavirus infections, etc. These diseases are more prone to regional elimination than a complete worldwide eradication. Two methods are used to eliminate an animal viral infection, either vaccination or the strict application of hygienic measures including stamping out and incineration, or the combination of both methods. Public opinion is more and more concerned about stamping out, even when necessary such as when dealing with emerging zoonoses. On the other hand, generalised ***vaccination*** (i.e. against foot-and-mouth disease, classical swine fever, etc.) may be discontinued despite its efficacy, for macro-economical reasons. The solution may come from the use of marker vaccines associated with companion diagnostic tests to make a distinction between infected and immunised animals by serological examination. Current control and eradication programmes against these and other diseases, the role of marker vaccines, and the limitations of such programmes are being discussed.

18/7/39 (Item 20 from file: 73)
DIALOG(R) File 73:EMBASE
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0068913708 EMBASE/Medline No: 15602165
Global epidemiology of hepatitis B virus.
Custer B.; Sullivan S.D.; Hazlet T.K.; Iloeje U.; Veenstra D.L.; Kowdley K.V.
Pharmaceutical Outcomes Research and Policy Program, University of Washington, Seattle, WA, USA.
CORRESP. AUTHOR/AFFIL: Custer B.: Pharmaceutical Outcomes Research and Policy Program, University of Washington, Seattle, WA, USA.
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Journal of clinical gastroenterology (J. Clin. Gastroenterol.) (United States) November 1, 2004, 38/10 Suppl (S158-168)
ISSN: 0192-0790
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English
NUMBER OF REFERENCES: 127

The burden of hepatitis B virus (HBV) disease and efforts to control infection will determine the future size of the population requiring treatment of HBV infection. To quantify the current prevalence of HBV infection and to reexamine the epidemiology of HBV infection, a structured review was conducted that focused on available primary literature for over 30 countries worldwide. The prevalence of chronic HBV infection continues to be highly variable, ranging over 10% in some Asian and Western Pacific countries to under 0.5% in the United States and northern European countries. The current global estimate of the number of HBV infected individuals is 350 million. Routes of transmission include vertical (mother to child or generation to generation through close contact and sanitary habits), early life horizontal transmission (through bites, lesions, and

sanitary habits), and adult horizontal transmission (through sexual contact, intravenous drug use, and medical procedure exposure) and are evident to varying degrees in every country. Younger age at acquisition of infection continues to be the most important predictor of chronic carriage. However, the choice of serologic ***markers***, temporal influences, and representativeness of the study population limit comparability of HBV seroprevalence results. HBV ***vaccination*** programs will decrease the future global burden of HBV infection and evidence of reduced burden is mounting in country-specific populations, but vaccination programs have still not been implemented in all countries, thereby maintaining reservoirs of infection and continued HBV transmission. Regardless of ***vaccination***, large numbers of persons are infected with HBV or will become infected. Preventing the most severe HBV disease consequences in infected individuals, such as cirrhosis and hepatocellular carcinoma, will require appropriate therapeutic agents.

18/7/40 (Item 21 from file: 73)
DIALOG(R)File 73:EMBASE
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0068816785 EMBASE/Medline No: 15027699
Genetic variability of the virus of the hepatitis C and their relationship with the clinic and the treatment
Variabilidad genetica del virus de la hepatitis C y su relacion con la clinica y el tratamiento.
Maroto Vela M.C.
CORRESP. AUTHOR/AFFIL: Maroto Vela M.C.

Anales de la Real Academia Nacional de Medicina (An R Acad Nac Med (Madr)) (Spain) December 1, 2003, 120/3 (427-441; discussion 442-448)
ISSN: 0034-0634
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Spanish
NUMBER OF REFERENCES: 37

The main characteristics of the genome of the virus of the hepatitis C is studied, especially those such parts as the IRES for its capacity of union to the ribosome of the cell, the HVR1 for its high capacity of viral replication, as well as the place of union to the PKR or the ISDR, inside the protein NS5. They are defined the genotype concepts, subtype and quasispecies, and their implications in different such aspects as: 1) pathogenicity (in the severity of the infectious process, in the extrahepatic manifestations and in the appearance of the hepatocarcinoma); 2) in the biggest or smaller sensibility in the diagnostic techniques; 3) in the resistance to the treatment with interferon (well through the road NS3 or NS5, so much through the changes in PKR or the mutations in ISDR), and 4) in the epidemiology (changes of geographical variability, use of that variability like epidemic marker and obtaining ***difficulty*** of ***vaccines***).

18/7/41 (Item 22 from file: 73)
DIALOG(R)File 73:EMBASE
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0066896024 EMBASE/Medline No: 2132696
Selective breeding for the control of nematodiasis in sheep.
Windon R.G.
McMaster Laboratory, CSIRO Division of Animal Health, Glebe, NSW,

Australia.

CORRESP. AUTHOR/AFFIL: Windon R.G.: McMaster Laboratory, CSIRO Division of Animal Health, Glebe, NSW, Australia.

Revue scientifique et technique (International Office of Epizootics) (Rev. - Off. Int. Epizoot.) (France) June 1, 1990, 9/2 (555-576)

ISSN: 0253-1933

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 58

Genetic manipulation of sheep by selective breeding offers a means to reduce the current reliance on chemotherapy for the control of gastro-intestinal nematodes. Simulated epidemiological studies support this view as, compared to lambs of 'normal' susceptibility, those 'selected' for resistance to *Trichostrongylus colubriformis* have lower worm burdens and reduced production losses. Considerable genetic variation exists both between and within breeds of sheep, and a number of breeding programmes have demonstrated that selection for animals with heightened levels of resistance to nematodes is feasible. Animals from these selection experiments are currently being used to investigate the nature of this genetic regulation and the economic benefits that can be achieved. An understanding of the mechanisms of resistance, facilitated by having animals with defined extremes of responsiveness, is crucial for studies into the specificity of selection, identification of predictive markers with resistance, and determination of suitable vaccines and ***vaccination*** strategies in unselected populations. Immunity plays a major role in host resistance to parasites, and from studies with selected animals, it appears that a broad range of immune responses are under genetic control. Genetic diversity within the parasite population may manifest itself in adaptation to withstand host resistance mechanisms. Such an occurrence could ***limit*** the effectiveness of the genetic approach.

18/7/42 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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32399921 PMID: 20021307

Strategies for differentiating infection in vaccinated animals (DIVA) for foot-and-mouth disease, classical swine fever and avian influenza.

Uttenthal Ase; Parida Satya; Rasmussen Thomas B; Paton David J; Haas Bernd; Dundon William G

National Veterinary Institute, Technical University of Denmark, Lindholm, DK-4771 Kalvehave, Denmark. asut@vet.dtu.dk

Expert review of vaccines (England) Jan 2010, 9 (1) p73-87, ISSN 1744-8395--Electronic 1476-0584--Linking Journal Code: 101155475

Publishing Model Print

Document type: Journal Article; Research Support, Non-U.S. Gov't; Review Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The prophylactic use of vaccines against exotic viral infections in production animals is undertaken exclusively in regions where the disease concerned is endemic. In such areas, the infection pressure is very high and so, to assure optimal protection, the most efficient vaccines are used. However, in areas considered to be free from these diseases and in which there is the possibility of only limited outbreaks, the use of Differentiation of Infected from Vaccinated Animals (DIVA) or marker vaccines allows for vaccination while still

retaining the possibility of serological surveillance for the presence of infection. This literature ***review*** describes the current knowledge on the use of DIVA diagnostic strategies for three important transboundary animal diseases: foot-and-mouth disease in cloven-hoofed animals, classical swine fever in pigs and avian influenza in poultry. (127 Refs.)

Record Date Created: 20091221

Record Date Completed: 20100226

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S1	376	(AUTOIMMUN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S2	36	S1 AND PY<1994
S3	22	RD S2 (unique items)
S4	117	S1 AND (REVIEW? OR OVERVIEW?)
S5	75	RD S4 (unique items)
S6	909	(INFECT\$ OR INFECTIOUS? OR DIPHTHERIA OR TETANUS OR HEPATITIS OR INFLUENZA) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S7	157	S6 AND (REVIEW? OR OVERVIEW?)
S8	107	RD S7 (unique items)
S9	267	(INFECT\$ OR INFECTIOUS?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S10	28	S9 AND PY<1994
S11	14	RD S10 (unique items)
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S13	6	RD S12 (unique items)
S14	268	(VACCIN?) (30N) (MARKER?) (30N) (PREDICT? OR CORRELAT? OR DIAGNOS?) (30N) (LACK? OR LIMIT? OR DIFFICULT? OR UNPREDICT?)
S15	23	S14 AND PY<1994
S16	14	RD S15 (unique items)
S17	74	S14 AND (REVIEW? OR OVERVIEW?)
S18	42	RD S17 (unique items)

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S2	36	S1 AND PY<1994
S3	22	RD S2 (unique items)
S4	117	S1 AND (REVIEW? OR OVERVIEW?)
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S7	157	S6 AND (REVIEW? OR OVERVIEW?)
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S10	28	S9 AND PY<1994
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\$0.02 TELNET
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File 5:Biosis Previews(R) 1926-2010/Jun W1

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File 73:EMBASE 1974-2010/Jun 08

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377630 AUTOIMMUN?

730491 VACCIN?

3171323 RISK

S1 303 (AUTOIMMUN?) (20N) (VACCIN?) (20N) (RISK)

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S2 172 RD S1 (unique items)

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2/7/1 (Item 1 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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0021580960 BIOSIS NO.: 201000259983

Immunotherapy Can Reject Intracranial Tumor Cells without Damaging the
Brain despite Sharing the Target Antigen

AUTHOR: Bridle Byram W; Li Jian; Jiang Shucui; Chang Ruby; Lichty Brian D;
Bramson Jonathan L; Wan Yonghong (Reprint)

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Main St W, Hamilton, ON L8N 3Z5, Canada**Canada
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JOURNAL: Journal of Immunology 184 (8): p4269-4275 APR 15 2010 2010
ITEM IDENTIFIER: doi:10.4049/jimmunol.0901447
ISSN: 0022-1767
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Although vaccines targeting tissue differentiation Ags represent a promising strategy for cancer immunotherapy, the risk of triggering autoimmune damage to normal tissues remains to be determined. Immunizing against a melanoma-associated Ag, dopachrome tautomerase (DCT), which normal melanocytes and glial cells also express, allowed concurrent analysis of autoimmune consequences in multiple tissues. We show that ***vaccination*** with recombinant adenovirus expressing DCT elicited a strong CTL response in C57BL/6 mice, leading to protection against intracranial challenge with B16-F10 melanoma cells. Both histological analysis and behavioral testing indicated that there was no evidence of neuropathology in vaccinated animals and long-term survivors. Although vitiligo or demyelination could be induced by additional stimuli (i.e., surgery or inflammation) in DCT-vaccinated mice, it did not extend beyond the inflammatory area, suggesting that there is self-regulatory negative feedback in normal tissues. These results demonstrate that it is possible to vaccinate against a tumor embedded in a vital organ that shares the target Ag. The Journal of Immunology, 2010, 184: 4269-4275.

2/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0021527705 BIOSIS NO.: 201000206728
Tumor Regression following DNA Vaccination and Regulatory T Cell
Depletion in neu Transgenic Mice Leads to an Increased Risk for
Autoimmunity
AUTHOR: Jacob Jennifer B; Kong Yi-chi M; Nalbantoglu Ilke; Snower Daniel P;
Wei Wei-Zen (Reprint)
AUTHOR ADDRESS: Wayne State Univ, Karmanos Canc Inst, 4100 John R PR041M,
Detroit, MI 48201 USA**USA
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JOURNAL: Journal of Immunology 182 (9): p5873-5881 MAY 1 2009 2009
ITEM IDENTIFIER: doi:10.4049/jimmunol.0804074
ISSN: 0022-1767
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Modulation of the immune system to amplify anti-tumor immunity carries the risk of developing autoimmune diseases, including hypothyroidism, as seen with cancer patients undergoing clinical trials for immunotherapeutic regimens. Although there is a tendency to view autoimmunity as a positive indicator for cancer immunotherapy, some autoimmune manifestations can be life-threatening and necessitate prolonged medical intervention or removal from trial. We have established murine test models to assess such risks by monitoring, simultaneously, the immune reactivity to tumor-associated rat erbB-2 (neu) and another self Ag, mouse thyroglobulin (mTg). We previously reported that in wild-type, thyroiditis-resistant BALB/c mice that underwent regression of

neu(+). TUBO tumors following regulatory T cell (Treg) depletion, immune responses to rat neu and mTg with resultant autoimmune thyroiditis (EAT) were both enhanced. In this study, we tested the balance between tumor immunity and autoimmunity in neu-transgenic BALB NeuT female mice. First, growth and progression of neu(+) tumor were compared in neu tolerant mice treated with either CD25 mAb to deplete Tregs and/or DNA vaccination. Only Treg depletion followed by neu DNA vaccination abrogated tolerance to neu, resulting in complete regression of neu(+) tumors, as well as long-term protection from spontaneous tumorigenesis in 58% of mice. The risk of developing EAT was then assessed by incorporated mTg immunization with or without LPS as adjuvant. In mice with induced tumor regression, mTg response was enhanced with modest increases in EAT development. Therefore, tumor regression induced by Treg depletion and DNA vaccination can exacerbate autoimmunity, which warrants close monitoring during immunotherapy. The Journal of Immunology, 2009, 182: 5873-5881.

2/7/3 (Item 3 from file: 5)
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0021476662 BIOSIS NO.: 201000155685
RISK OF INCIDENT AUTOIMMUNE DISEASES AFTER HEPATITIS B
VACCINATION - A LARGE COHORT STUDY IN THE UK GENERAL PRACTICE
RESEARCH DATABASE
AUTHOR: Egbring Marco (Reprint); Ceschi Alessandro; Kullak-Ublick Gerd A;
Russmann Stefan
AUTHOR ADDRESS: Univ Zurich Hosp, CH-8091 Zurich, Switzerland**Switzerland
JOURNAL: Hepatology 50 (4, Suppl. S): p499A OCT 2009 2009
CONFERENCE/MEETING: 60th Annual Meeting of the
American-Association-for-the-Study-of-Liver-Diseases Boston, MA, USA
October 30 -November 03, 2009; 20091030
SPONSOR: Amer Assoc Study Liver Dis
ISSN: 0270-9139
DOCUMENT TYPE: Meeting; Meeting Poster
RECORD TYPE: Citation
LANGUAGE: English

2/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0021367162 BIOSIS NO.: 201000046185
MF59-adjuvanted versus non-adjuvanted influenza vaccines: Integrated
analysis from a large safety database
AUTHOR: Pellegrini Michele (Reprint); Nicolay Uwe; Lindert Kelly; Groth
Nicola; Della Cioppa Giovanni
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JOURNAL: Vaccine 27 (49): p6959-6965 NOV 16 2009 2009
ITEM IDENTIFIER: doi:10.1016/j.vaccine.2009.08.101
ISSN: 0264-410X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Background: Adding adjuvants such as MF59 (R) to influenza
vaccines can enhance the immune response. This analysis evaluated the
safety profile of MF59-adjuvanted [(+)MF59] compared with non adjuvanted

[(-)MF59] vaccines in a large clinical database. Methods: Safety data were pooled from 64 clinical trials involving (+)MF59 seasonal and pandemic influenza vaccines. Safety outcomes were analysed in the overall population and in subjects aged ≥ 65 years, in all clinical trials and in controlled trials only. Findings: Data from 20,447 (+)MF59 and 7526 (-)MF59 subjects were analysed. Overall, (+)MF59 subjects had lower risks than (-)MF59 subjects of experiencing any unsolicited adverse event (AE) (26.8% vs 39.2%; adjusted risk ratio JARRI 0.65; 95% CI 0.60-0.70), cardiovascular AEs (1.9% vs 5.6%; ARR 0.44; 95% CI 0.35-0.55), new onset chronic diseases (1.3% vs 1.9%; ARR 0.71; 95% CI 0.57-0.87) and death (0.8% vs 1.2%; ARR 0.67; 95% CI 0.51-0.87). Few AEs of potential ***autoimmune*** origin were reported: 0.71 and 0.67 per 1000 with (+)MF59 and (-)MF59, respectively. As expected, (+)MF59 subjects had a higher risk of solicited local or systemic reactions within 3 days of ***vaccination*** (58.5% vs 46.9%, weighted RR 1.34; 95% CI 1.28-1.40). Safety outcomes were consistent between total and elderly populations, and between all trials and controlled trials, although statistical significance was lost for some of the outcomes in the subgroups. Interpretation: This large-scale analysis supports the good safety profile of (+)MF59 seasonal and pandemic influenza vaccines and suggests a clinical benefit over (-)MF59 influenza vaccines. (C) 2009 Elsevier Ltd. All rights reserved.

2/7/5 (Item 5 from file: 5)
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0021274577 BIOSIS NO.: 200900616014
 Autoimmune thyroiditis as an indicator of autoimmune sequelae during cancer immunotherapy
 AUTHOR: Kong Yi-chi M (Reprint); Jacob Jennifer B; Flynn Jeffrey C; Elliott Bruce E; Wei Wei-Zen
 AUTHOR ADDRESS: Wayne State Univ, Sch Med, Dept Immunol and Microbiol, 540 E Canfield Ave, Detroit, MI 48201 USA**USA
 AUTHOR E-MAIL ADDRESS: ykong@med.wayne.edu
 JOURNAL: Autoimmunity Reviews 9 (1): p28-33 SEP 2009 2009
 ITEM IDENTIFIER: doi:10.1016/j.autrev.2009.02.034
 ISSN: 1568-9972
 DOCUMENT TYPE: Article
 RECORD TYPE: Abstract
 LANGUAGE: English

ABSTRACT: Improving cancer immunotherapy by targeting T cell network also triggers autoimmunity. We disrupted regulatory T cell (Treg) function to probe the balance between breast cancer vaccination and autoimmune thyroiditis (EAT) in four models, with particular attention to MHC-associated susceptibility, EAT induction with mouse thyroglobulin (mTg) without adjuvant, and tolerance to Her-2/neu in transgenic mice. 1) In EAT-resistant BALB/c mice, Treg depletion enhanced tumor regression, and facilitated mild thyroiditis induction. 2) In Her-2 tolerant C57BL/6 mice expressing HLA-DR3, an EAT-susceptibility allele, Her-2 DNA vaccinations must follow Treg depletion for (Her-2xDR3)F-1 mice to resist tumor challenge; thyroiditis incidence was moderated by the EAT-resistant 1A(b) allele. 3) In neu tolerant, EAT-resistant BALB/c mice, implanted neu(+) tumor also regressed only after Treg depletion and DNA vaccinations. Tumor immunity was long-term, providing protection from spontaneous tumorigenesis. In all three, immune stimuli from concurrent tumor regression and EAT development have a noticeable, mutually augmenting effect. 4) In Treg-depleted, EAT-susceptible CBA/J mice, strong tumor protection was established by immunization with a cell

vaccine . mTg injections led to greater thyroiditis incidence and severity. Combination models with MHC class II diversity should facilitate autoimmunity risk assessment and management while generating tumor immunity. (C) 2009 Elsevier B.V. All rights reserved.

2/7/6 (Item 6 from file: 5)
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0020982734 BIOSIS NO.: 200900324171
Opportunistic Infections and Other Risks with Newer Multiple Sclerosis Therapies
AUTHOR: Berger Joseph R (Reprint); Houff Sidney
AUTHOR ADDRESS: Kentucky Clin L 445, 740 S Limestone St, Lexington, KY 40536 USA**USA
AUTHOR E-MAIL ADDRESS: jrbneuro@uky.edu
JOURNAL: Annals of Neurology 65 (4): p367-377 APR 2009 2009
ITEM IDENTIFIER: doi:10.1002/ana.21630
ISSN: 0364-5134
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: The introduction of newer therapies for the treatment of multiple sclerosis has generated considerable optimism. That optimism has been tempered by the potential risks of these therapies, such as the risk for progressive multifocal leukoencephalopathy. A review of the possible causes of reactivation of JC virus in this population has illustrated the need to better understand the untoward effects of monoclonal antibody therapies and other immunomodulatory therapies currently being contemplated for use in multiple sclerosis. These drugs alter the immune response at different sites, and most, if not all, affect more than one aspect of host immunity. Drawing from existing experience with the use of these immunomodulatory therapies in other conditions and that available from the limited experience with multiple sclerosis, we review their potential untoward effects. The latter include a predisposition to opportunistic and community-acquired infections, an altered response to vaccination, the development of cancers, and the appearance of ***autoimmune*** diseases. The identification of progressive multifocal leukoencephalopathy as a risk of therapy is relatively straightforward in light of its rarity and high morbidity and mortality, but a relatively slight increased risk for more common and less disabling disorders may be overlooked. Determining the actual risk frequency for many of these complications will likely require careful postmarketing surveillance. Ann Neurol 2009;65:367-377

2/7/7 (Item 7 from file: 5)
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0020971408 BIOSIS NO.: 200900312845
Mycoplasma pneumoniae vaccine protective efficacy and adverse reactions-Systematic review and meta-analysis
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JOURNAL: Vaccine 27 (18): p2437-2446 APR 21 2009 2009
ITEM IDENTIFIER: doi:10.1016/j.vaccine.2009.01.135

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RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: *Mycoplasma pneumoniae* is a leading cause of both upper and lower respiratory infections that can lead to devastating sequela. Currently no primary prevention measures are available. During the 1960s and 1970s several inactivated *M. pneumoniae* vaccines were tested, some with encouraging results. Here we present a systematic review and meta-analysis on the efficacy and adverse effects of *M. pneumoniae* inactivated vaccines. Six clinical trials were found for efficacy calculation, with a total of 67,268 subjects. Vaccine associated adverse events were described in 15 studies. The summarized efficacy of *M. pneumoniae* vaccines against pneumonia regardless of etiologies was 36% (confidence interval (CI-95%) 25-45). The efficacy of the ***vaccines*** against *M. pneumoniae* associated pneumonia was 54% (35-67) or 42% (12-63) depending on diagnostic approach. Results were homogeneous without publication bias. No significant adverse reactions (including ***autoimmune*** effects) were observed. This study suggests that inactivated *M. pneumoniae* ***vaccines*** may reduce the total rates of both pneumonia and respiratory infections by similar to 40%. We therefore suggest redeveloping *M. pneumoniae* ***vaccines***, particularly for high-***risk*** settings as well as in the general population. (C) 2009 Elsevier Ltd. All rights reserved.

2/7/8 (Item 8 from file: 5)
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0020969082 BIOSIS NO.: 200900310519
Methods for isolating molecular mimetics of unique *Neisseria meningitidis* serogroup B epitopes
AUTHOR: Granoff Dan M; Anonymous; Moe Gregory R
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JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents MAR 17 2009 2009
PATENT NUMBER: US 07504254 PATENT DATE GRANTED: March 17, 2009 20090317
PATENT CLASSIFICATION: 435-326 PATENT ASSIGNEE: Novartis Vaccines and
Diagnostics Inc PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
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LANGUAGE: English

ABSTRACT: Novel bactericidal antibodies against *Neisseria meningitidis* serogroup B ("MenB") are disclosed. The antibodies either do not cross-react or minimally cross-react with host tissue polysialic acid and hence pose minimal ***risk*** of ***autoimmune*** activity. The antibodies are used to identify molecular mimetics of unique epitopes found on MenB or *E. coli* K1. Examples of such peptide mimetics are described that elicit serum antibody capable of activating complement-mediated bacteriolysis of MenB. ***Vaccine*** compositions containing such mimetics can be used to prevent MenB or *E. coli* K1 disease without the risk of evoking autoantibody.

2/7/9 (Item 9 from file: 5)
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0020883525 BIOSIS NO.: 200900223859

The Role of Toll-Like Receptor Pathways in the Mechanism of Type 1 Diabetes

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2009

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LANGUAGE: English

ABSTRACT: Toll-like receptors (TLRs) and the innate immune system play a key role in sensing and eliminating microbial infections. Interactions between TLRs and their ligands expressed by microbial pathogens induce a cascade of intracellular signaling events, culminating in the upregulation of proinflammatory pathways. Over the past two decades, numerous studies have established the role of the acquired immune system in the mechanism triggering type 1 diabetes (T1D). The recent discovery of TLRs has led to the recognition that the innate immune system may act, under some circumstances, as a double-edged sword. In addition to its beneficial role in host defense, it may lead to upregulation of proinflammatory autoimmune responses, islet destruction and diabetes. Indeed, recent observations are consistent with the hypothesis that altered innate functions exist in patients with T1D and could be part of the mechanism leading to disease onset, but the underlying mechanisms and the relevance of these alterations to early events triggering disease remain to be identified. Data obtained from mouse and rat models of T1D implicated TLR pathways in both disease induction and prevention. In both the NOD mouse and diabetes-prone BB (BBDP) rat, TLR upregulation can suppress disease. In the BioBreeding Diabetes Resistant (BBDR) rat, however, diabetes induced by virus infection involves the upregulation of TLR9 pathways, and generic TLR upregulation synergizes with virus infection on diabetes induction. Studies performed in mouse models of T1D with spontaneous or induced T1D implicate TLR1, TLR2, TLR3, and TLR7 in disease mechanisms. The finding that TLR pathways are involved in mediating islet inflammation holds great promise for identifying new molecules that could potentially be targeted to specifically suppress the autoimmune process in individuals at high risk for disease development. The potential link between TLR upregulation and autoimmunity emphasizes the need for caution in using new therapies involving TLR agonists as ***vaccine*** adjuvants.

2/7/10 (Item 10 from file: 5)

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0020766538 BIOSIS NO.: 200900106872

Vaccination and autoimmune rheumatic diseases

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ITEM IDENTIFIER: doi:10.1016/j.autrev.2008.07.007

ISSN: 1568-9972

DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Patients with autoimmune rheumatic diseases are at increased ***risk*** of developing infections. However, concerns about the safety and the immunogenicity of vaccines in these patients limited their use. Most of the data against the use of ***vaccines*** come from the reported cases of previously healthy individuals who presented the onset of rheumatic diseases after immunization, nevertheless a causal relationship has not been established. During the past few decades influenza and pneumococcal vaccines, administered to patients with systemic lupus erythematosus, were found to be safe and, generally, serologically effective, even though there is the possibility of inadequate response, especially in patients receiving immunosuppressive agents. In patients with rheumatoid arthritis influenza and pneumococcal vaccines can be considered safe and immunogenic in most cases. Treatment with TNF alpha blocking agents did not appear to impair the immune response. (C) 2008 Elsevier B.V. All rights reserved.

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0020742268 BIOSIS NO.: 200900082602

Analysis of adverse events of potential autoimmune aetiology in a large integrated safety database of AS04 adjuvanted vaccines

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RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Newly licensed vaccines against human papillomavirus (HPV) and hepatitis B (HBV), and several vaccines in development, including a vaccine against genital herpes simplex Virus (HSV), contain a novel Adjuvant System, AS04, composed of 3-O-desacyl-4' monophosphoryl lipid A and aluminum salts. Given the background incidence of autoimmune disorders in some of the groups targeted for immunisation with these vaccines, it is likely that autoimmune events will be reported in temporal association with vaccination, even in the absence of a causal relationship. The objective of this integrated analysis was to assess safety of AS04 adjuvanted vaccines with regard to adverse events (AEs) of potential autoimmune aetiology, particularly in adolescents and Young adults. All randomised, controlled trials of HPV-16/18, HSV and HBV vaccines were analysed in all integrated analysis of individual data (N=68,512). A separate analysis of the HPV-16/18 vaccine trials alone was also undertaken (N=39,160). All data were collected prospectively during the vaccine development programmes (mean follow-up of 21.4 months), and

included in the analysis up to a pre-defined data lock point. Reporting rates of overall autoimmune events were around 0.5% and did not differ between the AS04 and control groups. The relative ***risk*** (AS04/control) of experiencing any ***autoimmune*** event was 0.98 (95% confidence intervals 0.80, 1.21) in the integrated analysis and 0.92 (0.70, 1.22) in the HPV-16/18 ***vaccine*** analysis. Relative risks calculated overall, for disease category OF for individual events were close to 1, and all confidence intervals around the relative risk included 1, indicating no statistically significant difference in event rates between the AS04 and control groups. This integrated analysis of over 68,000 participants who received AS04 adjuvanted vaccines or controls demonstrated a low rate of autoimmune disorders, without evidence of an increase in relative risk associated with AS04 adjuvanted ***vaccines***. (C) 2008 Elsevier Ltd. All rights reserved.

2/7/12 (Item 12 from file: 5)
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0020571939 BIOSIS NO.: 200800618878
Assays and therapies for latent viral infection
AUTHOR: Harley John B; Anonymous; James Judith Ann; Kaufman Kenneth M
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JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents AUG 12 2008 2008
PATENT NUMBER: US 07410642 PATENT DATE GRANTED: August 12, 2008 20080812
PATENT CLASSIFICATION: 424-2041 PATENT ASSIGNEE: Oklahoma Medical Research
Foundation PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Compositions that bind viral proteins that are specifically expressed during the latent stage of the viral life cycle are disclosed. These compositions bind the latent viral proteins while the viral proteins are expressed in their cellular host, and provide a means for targeting cells that harbor latent virus. In a preferred embodiment the compositions are antibodies which bind the extracellular region of the latent viral protein, most preferably LMP-2A, an EBV latent protein, which are conjugated to a diagnostic or cytotoxic agent or immobilized to a solid support for removal of the infected cells. These antibodies are capable of distinguishing cells expressing EBV DNA from cells which are not expressing EBV DNA. Compositions that can be used to elicit production of these antibodies, or as a vaccine, are also disclosed. Methods for generating diagnostic or cytotoxic reagents and vaccines based on the viral epitopes that identify cells harboring latent virus are also disclosed. The antibody conjugates can be used in diagnostic assays to identify cells expressing latent viral protein and people who are harboring latent viral particles. The antibody conjugates can also be used to remove the infected cells or to kill the infected cells. Alternatively, or in addition, the viral proteins or portions thereof can be used as a vaccine to induce an immune reaction by the host to kill the infected cells. These methods can be used to detect or treat patients harboring latent viruses like EBV and who are at risk of developing a disease such as an autoimmune disease like systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA).

2/7/13 (Item 13 from file: 5)

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0020388972 BIOSIS NO.: 200800435911
Vaccination with cytokines in autoimmune diseases
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JOURNAL: Annals of Medicine 40 (5): p343-351 2008 2008
ITEM IDENTIFIER: doi:10.1080/07853890801995298
ISSN: 0785-3890
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Most autoimmune diseases have an unknown etiology, but all involve cytokines cascade in their development. At the present time, several cytokines have been identified as major targets in various autoimmune diseases, involving the development of monoclonal antibodies (MAbs) against those cytokines. Even if MAbs are indeed efficient, the passive immunotherapies also present some disadvantages and are expensive. To counter this, several strategies have been developed, including active immunotherapy, based on the vaccination principle. The aim of such a strategy is to induce a B cell response and to obtain autoantibodies able to neutralize the interaction of the self-cytokine with its receptor. To that purpose, cytokines (entire or peptide) are either coupled with a protein-carrier or virus-like particle, or modified with foreign Th cell epitopes. DNA ***vaccination*** can also be used with cytokine sequences. This review focuses on the different vaccination strategies with cytokines (including Tumor Necrosis Factor (TNF)alpha, Interleukin-1 beta (IL-1 beta), IL-17) in different autoimmune diseases in preclinical studies; the benefit/risk ratio of such a strategy and the present development of clinical trials in some ***autoimmune*** diseases are also discussed.

2/7/14 (Item 14 from file: 5)
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0020367089 BIOSIS NO.: 200800414028
Prevalence of anti-HBs antibody and rate of HBV vaccination among non HBV-related cirrhotic patients
AUTHOR: Baubet Sandrine; Marion-Audibert Anne-Marie; Radenne Sylvie; Maillard Emmanuel; Pere-Verge Denis; Zoulim Fabien; Trepo Christian; Souquet Jean Christophe
JOURNAL: Gastroenterology 134 (4, Suppl. 1): pA309 APR 2008 2008
CONFERENCE/MEETING: Digestive Disease Week Meeting/109th Annual Meeting of the American-Gastroenterological-Association San Diego, CA, USA May 17 -22, 2008; 20080517
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ISSN: 0016-5085
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: In the United States, the Advisory Committee on Immunization Practices (ACIP) has recommended a comprehensive strategy to eliminate HBV transmission, including prevention of perinatal HBV transmission;

universal vaccination of infants; catch-up vaccination of unvaccinated children and adolescents, and vaccination of unvaccinated adults at increased ***risk*** for infection. Recommendations are similar in France. The aim of the prospective present study was to assess the practical application of the recommendations of the French consensus conference (screening and vaccination of HBV in high-risk groups). Patients and methods: From September 2006 to January 2007, all consecutive patients with non hepatitis B virus-related cirrhotic liver disease due to alcohol consumption, virus C infection, autoimmune hepatitis, hemochromatosis, or NAFLD admitted in a single monocenter cohort were included. We reviewed the data recorded retrospectively, Presence of HBs antigen, anti-HBs, or anti-HBc antibodies were collected from clinical charts and/or from the virology department, with an anteriority of ten years. Results : 123 patients with non hepatitis B virus-related cirrhotic liver disease were analyzed. There were 90 males (73.1%) and 33 females (26.9%). 110 patients (89.4%) were Caucasian, one was Asian (0.8%) 12 were Africans (9.8%). 40 patients had received blood transfusion in the past (32.5%). Etiology of cirrhosis was: alcohol 72 cases (58.5%), HCV infection with or without high alcohol consumption 35 cases (28.4%), NAFLD 8 cases (6.5%), hemochromatosis 1 case (0.8%), autoimmune hepatitis 4 cases (3.3%) and indetermined cirrhosis 3 cases (2.4%). Overall, 39 patients (31.7%) had an hepatocellular carcinoma. Anti-HBs and/or anti-HBc antibodies were present in 27 patients (21.9%) of the whole cohort, 10 of the 39 patients with hepatocellular carcinoma (25.6%) and 17 of the 84 patients without hepatocellular carcinoma (20.2%). HBV vaccination had been performed in only 18 patients of the whole cohort (18.7%), 6 of patients with hepatocellular carcinoma (20.7%) and 12 of patients without hepatocellular carcinoma (17.9%). Conclusions: 20% of all patients with non HBV related cirrhosis had contracted HBV infection in the past. We have found an increased prevalence of HBV markers among patients with hepatocellular carcinoma versus patients without HCC underlying its role in the carcinogenesis process. HBV vaccination had been performed in only 20% of patients. The finding reported in this abstract suggest that these patients may represent an important group to apply the recommendation of the French consensus concerning systematic HBV vaccination.

2/7/15 (Item 15 from file: 5)
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0020247965 BIOSIS NO.: 200800294904
Vaccination against self to prevent autoimmune disease: the type 1 diabetes model
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JOURNAL: Immunology and Cell Biology 86 (2): p139-145 FEB 2008 2008
ITEM IDENTIFIER: doi:10.1038/sj.icb.7100151
ISSN: 0818-9641
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Immune tolerance to self-antigens is physiological. Given a repertoire of self-reactive, potentially pathogenic lymphocytes, therapeutic options to diminish autoimmune disease risk include deletion, reduced activation or increased regulation of

self-reactive lymphocytes by means that mimic or promote physiological mechanisms of immunity. ***Vaccination*** with self-antigen to promote self-antigen-specific tolerance, 'negative vaccination', may represent the most specific and potentially safest means of averting ***autoimmune*** disease. This strategy is therapeutically effective in inbred rodent models but its translation in humans has failed to meet expectations. This failure can be attributed to the use of suboptimal dosage regimens in end-stage disease, as well as other factors. This review focuses on vaccination against self-antigen in type 1 diabetes, an autoimmune disease unique in that individuals at ***risk*** can be identified years before clinical presentation. Moreover, the spontaneously diabetic non-obese diabetic mouse, which mimics human type 1 diabetes in many ways, has provided 'proof-of-concept' for negative ***vaccination***. Recent trials of a nasal insulin vaccine in humans at risk of type 1 diabetes provide evidence of tolerance induction as a basis for clinical efficacy.

2/7/16 (Item 16 from file: 5)
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0020218017 BIOSIS NO.: 200800264956
Diagnostics and therapy of Epstein-Barr virus in autoimmune disorders
AUTHOR: Anonymous; Harley John B; James Judith A; Kaufman Kenneth M
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JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents SEP 25 2007 2007
PATENT NUMBER: US 07273613 PATENT DATE GRANTED: September 25, 2007
20070925 PATENT CLASSIFICATION: 424-1861 PATENT ASSIGNEE: The Board of Regents The University of Oklahoma; Oklahoma Medical Research Foundation
PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Data consistent with autoimmune disease being caused by Epstein-Barr virus are shown. Based on this evidence, an effective vaccine would prevent the autoimmune disease in those vaccinated, modified or administered so that the vaccine is not itself capable of inducing ***autoimmune*** disease. In the case of anti-Sm, structures to be avoided in an Epstein-Barr virus-derived ***vaccine*** have been identified. Differences have been identified in the immune responses to Epstein-Barr infection between individuals who develop a specific ***autoimmune*** disease and those who do not. These differences are used to distinguish those who are at greater risk for developing specific autoimmune diseases from those who are a lesser ***risk***. Assuming Epstein-Barr virus causes autoimmune disease and that Epstein-Barr virus remains latent in the patient for life, reactivation of the virus from the latent state is important in generating or maintaining the autoimmune response that culminates in autoimmune disease. Cells infected with latent virus may also encourage autoimmunity. Based on the understanding that reactivation or latency are important to produce or sustain autoimmunity, then therapies directed against Epstein-Barr virus will also be effective therapies for the autoimmune manifestations of disease for which Epstein-Barr virus is responsible.

2/7/17 (Item 17 from file: 5)

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0020034035 BIOSIS NO.: 200800080974
Viral infection can induce the production of autoantibodies
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JOURNAL: Current Opinion in Rheumatology 19 (6): p636-643 NOV 2007 2007
ISSN: 1040-8711
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Purpose of reviewTo review the current literature and summarize the main principles found between viral infections and the subsequent production of autoantibodies.Recent findingsWe concentrate on recent findings involving three viral agents, one of which is Epstein-Barr virus, which has been associated with many autoimmune diseases and is classically considered to induce systemic lupus erythematosus. As we will discuss, this occurs through molecular mimicry between Epstein-Barr virus nuclear antigen 1 and lupus-specific antigens such as Ro, La or dsDNA, through induction of Toll-like receptor hypersensitivity by Epstein-Barr virus latent membrane protein 2A or by creating immortal B and T cells by loss of apoptosis. Hepatitis B virus was found to share amino acid sequences with different autoantigens. Tissue damage and the release of intracellular components is just another example of the autoantibody production caused by this 1 virus. Cytomegalovirus has often been controversially associated with several autoimmune diseases and, although is the least understood viral infection of the three, appears to be somewhat suspicious.SummaryUnderstanding the infectious origin of autoimmune diseases is important as we aim to identify high-risk patients and disrupt this process with vaccines or other medications, ultimately delaying or even preventing the evolution of ***autoimmune*** diseases.

2/7/18 (Item 18 from file: 5)
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0020008668 BIOSIS NO.: 200800055607
Lack of association between group B meningococcal disease and autoimmune disease
AUTHOR: Howitz Michael (Reprint); Krause Tyra Grove; Simonsen Jacob
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JOURNAL: Clinical Infectious Diseases 45 (10): p1327-1334 NOV 15 2007 2007
ITEM IDENTIFIER: doi:10.1086/522190
ISSN: 1058-4838
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Background. The capsular polysaccharide of group B meningococci (GBM) is structurally identical to a polysaccharide found on neural cell adhesion molecules in humans. This structural identity has raised concern that a vaccine based on the GBM capsular polysaccharide might

induce ***autoimmune*** disease in ***vaccinated*** persons. Because systemic infection with GBM induces serum antibody in adults, we investigated whether persons with a history of GBM disease are at increased ***risk*** of developing ***autoimmune*** diseases. Methods. The entire Danish population constituted our study cohort of 7,467,001 individuals, who were observed for autoimmune diseases from 1977 through 2004. At- ***risk*** years were counted as the number of uninfected years prior to the first recorded diagnosis of meningococcal disease but changed to person-years at risk at the diagnosis of GBM disease (2984 subjects) or group C meningococcal disease (914 patients). Ratios of incidence rates of autoimmune disease served as measures of the relative risk. Results. Persons with a history of GBM disease experienced a total of 37,290 person-years at risk, ranging from 11 days to 31 years at risk after the onset of GBM disease, during which 49 cases of autoimmune disease occurred. Persons with GBM disease had no increased risk of autoimmune diseases, either compared with persons with a history of group C meningococcal disease (incidence rate ratio, 0.9; 95% confidence interval, 0.5-1.4) or compared with persons without a history of meningococcal disease (incidence rate ratio, 1.1; 95% confidence interval, 0.8-1.5). Conclusions. Our findings suggest that invasive disease caused by GBM is not associated with autoimmune diseases in humans for up to 31 years after meningococcal disease and should lessen concerns regarding the development of a capsular-based GBM vaccine.

2/7/19 (Item 19 from file: 5)
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0019902886 BIOSIS NO.: 200700562627
From tolerance to autoimmunity: Is there a risk in early life vaccination?
AUTHOR: Goriely S; Goldman M (Reprint)
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JOURNAL: Journal of Comparative Pathology 137 (Suppl. 1): pS57-S61 JUL 2007 2007
ITEM IDENTIFIER: doi:10.1016/j.jcpa.2007.04.013
ISSN: 0021-9975
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: The potential for vaccines to act as triggers of autoimmune reactions has received much recent attention. Such an association is very poorly defined mechanistically, but may potentially involve epitope mimicry between vaccinal and self antigen, or the immuno-stimulatory effects of vaccine adjuvant. If such reactions occur, they are more likely to involve adults than infants in early life, as a reflection of the immunological immaturity of the newborn. There has been a recent focus in immunology on the link between innate and adaptive immunity provided by a dendritic cells and the range of Toll-like receptors (TLRs) that are the point of first contact of these cells with microbial antigen. These interactions appear to determine the nature of the subsequent adaptive immune response and whether it may be mediated by Th1, Th2, Th17 or Tregulatory populations. TLR interactions may also be significant in the induction of vaccinal immunity and agonists of these receptors are being developed as potential vaccine adjuvants. There are differences in cytokine production of adult and newborn dendritic cells, and these differences must be considered in the application of such novel

adjuvants to products intended for either age group. (c) 2007 Elsevier Ltd. All rights reserved.

2/7/20 (Item 20 from file: 5)
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0019902885 BIOSIS NO.: 200700562626
Vaccine safety in the neonatal period
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JOURNAL: Journal of Comparative Pathology 137 (Suppl. 1): pS51-S56 JUL 2007 2007
ITEM IDENTIFIER: doi:10.1016/j.jcpa.2007.04.019
ISSN: 0021-9975
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Administration of two doses of multicomponent vaccine to pups and kittens between 8 and 16 weeks of age has become a standard and important part of veterinary healthcare for this susceptible neonatal population. Currently available vaccine formulations conform to high standards of quality, safety and efficacy, but there remains a very small risk of adverse effect following vaccination. Quantifying this ***risk*** is extremely difficult and there are few meaningful data available. It would seem, however, that there is a higher prevalence of suspected adverse reactions (Balks) following vaccination in the neonatal period than in adult animals. The range of reported adverse reactions in neonates is broad, and includes: suspected lack of efficacy, mild non-specific and transient illness post-vaccination, and the development of hypersensitivity or ***autoimmune*** reactions. The most common reactions in both species are the various clinical manifestations of type I hypersensitivity. These events might relate to the induction of IgE, antibody specific for extraneous protein incorporated within ***vaccines***, in particular bovine serum albumin. That such reactions are most prevalent in small breed dogs, that also make the highest serological responses to vaccination, suggests a case for the formulation of low-close products for miniature, breeds. At least a proportion of neonatal vaccine SARs are related to the use of potent immunological adjuvants in certain products. A recent study in neonatal kittens has confirmed that non-adjuvanted vaccine induces significantly less local vaccine site inflammation than comparable adjuvanted products. The low risk of vaccine SARs in early life may therefore be further reduced by formulating non-adjuvanted vaccines with reduced content of extraneous protein, and by carefully considering the optimum vaccination protocol for any individual animal. (c) 2007 Elsevier Ltd. All rights reserved.

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 309103 IMMUNIZATION
 1875 NATIONAL(W) IMMUNIZATION
 31370 CDC
 S8 28 S7 AND (NATIONAL(W) IMMUNIZATION OR CDC)
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9/7/1 (Item 1 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
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14892638 BIOSIS NO.: 199900152298
 Preventive health care among rural American Indians in New Mexico
 AUTHOR: Gilliland Frank D (Reprint); Mahler Renate; Hunt W Curtis; Davis Sally M
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 JOURNAL: Preventive Medicine 28 (2): p194-202 Feb., 1999 1999
 MEDIUM: print
 ISSN: 0091-7435
 DOCUMENT TYPE: Article
 RECORD TYPE: Abstract
 LANGUAGE: English

ABSTRACT: Background. Incidence of and mortality from cardiovascular disease, cancer, diabetes, and other chronic diseases are rapidly increasing among American Indians; however, the utilization of preventive services for these conditions is not well characterized in these ethnic groups. Methods. We interviewed 1,273 American Indian adults in New Mexico, ages 18 years and older, by telephone regarding routine health checks, including blood pressure, blood cholesterol, mammograms, clinical breast exams, Pap smears, influenza and pneumonia vaccinations, and diabetes using items from the CDC Behavioral Risk Factor Surveillance System. Results. We found that utilization of preventive service was surprisingly high among rural American Indians. Routine health checks and blood pressure checks within the past year were reported by more than 70% of the population. Blood cholesterol checks

(41.1%) and pneumonia ***vaccinations*** (30.7%) were less commonly reported. Utilization of cancer screening for the most common women's cancers was also high. Most women reported ever having a Pap smear test (88.3%), a clinical breast examination (79.5%), and a mammogram (75.6%). The prevalence of diagnosed ***diabetes*** (8.8% overall and 26.4% for ages 50 years and older) greatly exceeds the nationwide prevalence. Conclusions. The utilization of preventive services delivered by a unique governmental partnership is high among American Indians in New Mexico and, except for cholesterol screening, is comparable with rates for the U.S. population. Because cardiovascular disease is on the rise, more attention to preventive services in this arena is warranted. The high and increasing prevalence of diagnosed diabetes suggests that aggressive ***diabetes*** screening and interventions are needed.

9/7/2 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0081539560 EMBASE/Medline No: 2006603161
CDC releases guidelines on improving preconception health care
Graham L.

American Family Physician (Am. Fam. Phys.) (United States) December 1,
2006, 74/11 (1967)
CODEN: AFPYA ISSN: 0002-838X eISSN: 0002-838X
URL: <http://www.aafp.org/afp/20061201/practice.html#p2>
DOCUMENT TYPE: Journal; Review RECORD TYPE: Citation
LANGUAGE: English

9/7/3 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0081207491 EMBASE/Medline No: 2006270108
Diabetes mellitus and immunization
Diabetes mellitus a imunizace
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Vnitřní Lékarství (Vnitr. Lek.) (Czech Republic) June 20, 2006, 52/5
(438-442)
CODEN: VNLEA ISSN: 0042-773X
DOCUMENT TYPE: Journal; Conference Paper RECORD TYPE: Abstract
LANGUAGE: Czech SUMMARY LANGUAGE: English; Czech
NUMBER OF REFERENCES: 17

Principles of prevention of infectious diseases have been known for several thousands of years. One of the most significant tools of infection prophylaxis is immunization. ***Vaccines*** containing thymus-dependent antigens produce massive and complex immune response and feature immunologic memory. That is why they can successfully protect patients with ***diabetes***. Lately, it has been thought by general public and even experts that application of vaccines within national immunization programmes is one of the etiopathogenetic factors in the

development of type 1 ***diabetes*** mellitus (DM). However, analysis of extensive studies performed by the experts of the Institute for Vaccine Safety proved that there is no positive or negative impact of immunization on the development of type 1 ***diabetes*** mellitus. The basic vaccinations recommended for diabetics include immunizations against influenza, pneumococcal infections, tetanus and viral hepatitis B. Other vaccines are administered only after individual assessment of benefits and risks for the diabetic patient. Most often, these are vaccinations against viral hepatitis A, tick-borne encephalitis, meningococcal infections and other infections that put in risk diabetic patients travelling abroad.

9/7/4 (Item 3 from file: 73)
DIALOG(R) File 73:EMBASE
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0080624041 EMBASE/Medline No: 2005268333
Rubella and congenital rubella (German measles)
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Journal of Long-Term Effects of Medical Implants (J. Long-Term Eff. Med.
Implants) (United States) July 4, 2005, 15/3 (319-328)
CODEN: JLEIE ISSN: 1050-6934
DOI: 10.1615/JLongTermEffMedImplants.v15.i3.80
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 20

Rubella, also known as German measles, is usually a very mild infection that can have devastating effects in certain instances. It is a pleomorphic RNA virus in the Togaviridae family of the genus Rubivirus. It typically causes a scarletiform rash, cervical lymphadenopathy, and mild constitutional symptoms, but in older children and adults, especially women, it may be more severe, with joint involvement and purpuric rash. Infection during the first 12 weeks of pregnancy results in congenital infection and/or miscarriage in 80-90% of cases. The congenital rubella syndrome (CRS) involves multiple organ systems and has a long period of active infection and virus shedding in the postnatal period. For these reasons, the rubella vaccine program was instituted in 1969, and the incidence of rubella infection in the United States has since declined by 99%. Rubella has been recognized as a disease for approximately 200 years, and it has since been found that humans are the only natural reservoir for the rubella virus. Virus is present in nasopharyngeal secretions, blood, feces, and urine during the clinical illness, although patients with subclinical disease are also infectious. The virus is spread via oral droplets and is shed in the nasopharynx for approximately 7 days before and after the rash is visible. CRS includes a configuration of anomalies, including nerve deafness, cataracts, cardiac anomalies (usually pulmonary artery and valvular stenosis, and patent ductus arteriosus), and mental retardation, with late complications including diabetes, thyroid

disease, growth hormone deficiency, and progressive panencephalitis. In 1969, the first rubella vaccine was licensed for use, and the Centers for Disease Control and Prevention (CDC) began its National Congenital Rubella Syndrome Registry. As required under the National Childhood Injury Act, all healthcare providers in the United States who administer any vaccine shall, prior to administration of the vaccine, provide a copy of the Vaccine Information Statements (VIS) produced by the CDC to the parent or legal representative of any child to whom the provider intends to administer such vaccine, or to any adult to whom the provider intends to administer such ***vaccine***. Despite efforts to vaccinate children, CRS continues to occur in the United States. Hispanic infants have an increased ***risk*** of CRS. HIV-1-infected children with a preserved immune system and MMR immunization had a good response to rubella ***vaccine***. In contrast, those in more advanced categories for HIV infection responded poorly. Issues of risk, choice, and chance are central to the controversy over the MMR vaccine that erupted in the UK in 1998, and has continued into the new millennium. An important contribution to the MMR controversy has come from the parents of autistic children, some of whom reject the notion that this disorder is a random genetic misfortune and insist that it is, at least in part, the result of some environmental insult, such as MMR ***vaccinations***. (c) 2005 by Begell House, Inc.

9/7/5 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
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0079708233 EMBASE/Medline No: 2003417636

Serious Adverse Events among Participants in the Centers for Disease Control and Prevention's Anthrax Vaccine and Antimicrobial Availability Program for Persons at Risk for Bioterrorism-Related Inhalational Anthrax

Tierney B.C.; Martin S.W.; Franzke L.H.; Marano N.; Reissman D.B.; Louchart R.D.; Goff J.A.; Rosenstein N.E.; Sever J.L.; McNeil M.M.
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Clinical Infectious Diseases (Clin. Infect. Dis.) (United States)
October 1, 2003; 37/7 (905-911)
CODEN: CIDIE ISSN: 1058-4838
DOI: 10.1086/377738
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 21

On 20 December 2001, the Centers for Disease Control and Prevention (CDC) initiated the Anthrax Vaccine and Antibiotic Availability Program (hereafter, the "Program") under an investigational new drug application with the US Food and Drug Administration. This Program provided options for additional preventive treatment for persons at risk for inhalation anthrax as a result of recent bioterrorism attacks who had concluded or were concluding a 60-day course of antimicrobial prophylaxis.

Participants were offered an additional 40 days of antibiotic therapy (with ciprofloxacin, doxycycline, or amoxicillin) or antibiotic therapy plus 3 doses of anthrax ***vaccine***. By 11 February 2002, a total of 5420 persons had received standardized education about the Program and 1727 persons (32%) had enrolled. Twelve participants have been identified as having serious adverse events (SAEs). One SAE, which occurred in a participant with ciprofloxacin-induced allergic interstitial nephritis, was considered to be probably associated with treatment received in the Program. No SAEs were associated with anthrax ***vaccine***. ***CDC*** will continue to monitor Program participants during the next 2 years.

9/7/6 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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0076742386 EMBASE/Medline No: 1997035344
Cumulative incidence of childhood-onset IDDM is unaffected by pertussis immunization

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Diabetes Care (DIABETES CARE) (United States) February 1, 1997, 20/2 (173-175)

CODEN: DICAD ISSN: 0149-5992
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 18

OBJECTIVE - To identify a possible effect of pertussis vaccination in infancy on the ***risk*** for developing human IDDM. RESEARCH DESIGN AND METHODS - A comparison was made of the cumulative incidence of IDDM in children age 0- 12 years between two birth cohorts born before pertussis vaccination and two birth cohorts born after pertussis vaccination had been excluded from the Swedish national ***immunization*** program. The Swedish Childhood ***Diabetes*** registry was used to identify cases of IDDM. Yearly nurse reports on administered vaccines were used to determine coverage for diphtheria/tetanus/pertussis (DTP) and diphtheria/tetanus (DT) ***vaccines***. Pertussis ***vaccine*** coverage was estimated based on number of doses of ***vaccine*** made available on license. RESULTS - No difference in cumulative incidence rate of IDDM up to the age of 12 years was found when the birth cohorts for 1978 and 1979 with high DTP vaccination coverage were compared with the cohorts of 1980 and 1981 with low pertussis ***vaccination*** coverage. CONCLUSIONS - The comparison of the cumulative incidence of IDDM, up to the age of 12 years, in birth cohorts with high and low exposure to pertussis vaccine does not support the hypothesis that pertussis could induce autoimmunity to the beta-cell that may lead to IDDM.

9/7/7 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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0069043168 EMBASE/Medline No: 16237376
Influenza vaccination in pregnancy: practices among

obstetrician-gynecologists--United States, 2003-04 influenza season.

MMWR. Morbidity and mortality weekly report (MMWR Morb. Mortal. Wkly. Rep.) (United States) October 21, 2005, 54/41 (1050-1052)
eISSN: 1545-861X
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

Women infected with influenza virus during pregnancy are at increased ***risk*** for serious complications and hospitalization. During 1997-2003, the Advisory Committee on Immunization Practices (ACIP) included healthy pregnant women who would be in their second or third trimester of pregnancy during the influenza season among those persons at high risk for whom influenza ***vaccination*** was indicated. Also included were women at any stage of pregnancy with certain chronic medical conditions, such as asthma, ***diabetes*** mellitus, or heart disease. ACIP emphasized that the influenza vaccine was safe for breastfeeding mothers and their infants and that household contacts of children aged <2 years also should be ***vaccinated***. However, despite these recommendations, only 13% of pregnant women received influenza ***vaccination*** in 2003. To assess understanding of the ACIP recommendations among obstetrician-gynecologists (OB/GYNs), the American College of Obstetricians and Gynecologists (ACOG), with support from CDC, surveyed a national sample of OB/GYNs in May 2004. This report describes the results of that survey, which indicated that 52% of OB/GYNs surveyed would recommend influenza vaccination for a healthy woman in the first trimester of pregnancy, 95% would recommend the vaccine for a healthy pregnant woman beyond the first trimester, and 63% would recommend vaccination for a woman with a medical condition in the first trimester. However, of the physicians who would recommend vaccination, 36%-38% reported that influenza ***vaccination*** was not offered in their practices. Increased efforts are needed to improve vaccine availability and to educate OB/GYNs regarding the updated ACIP recommendations on the use of influenza vaccine in the first trimester for both healthy pregnant women and pregnant women at high ***risk***.

9/7/8 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
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0068859415 EMBASE/Medline No: 15525897

Influenza and pneumococcal vaccination coverage among persons aged > or =65 years and persons aged 18-64 years with diabetes or asthma--United States, 2003.

MMWR. Morbidity and mortality weekly report (MMWR Morb. Mortal. Wkly. Rep.) (United States) November 5, 2004, 53/43 (1007-1012)
eISSN: 1545-861X
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

Vaccination of persons at risk for complications from influenza and pneumococcal disease is a key public health strategy for preventing associated morbidity and mortality in the United States. Risk factors include older age and medical conditions that increase the ***risk*** for complications from infections. During the 1990-1999 influenza seasons, more than 32,000 deaths each year among persons aged > or =65 years were attributed to complications from influenza infection.

National health objectives for 2010 call for 90% influenza and pneumococcal vaccination coverage among noninstitutionalized persons aged > or =65 years and 60% coverage among noninstitutionalized persons aged 18-64 years who have ***risk*** factors (e.g., ***diabetes*** or asthma) for complications from infections. To estimate influenza and pneumococcal vaccination coverage among these populations, CDC analyzed data from the 2003 Behavioral Risk Factor Surveillance System (BRFSS) survey. This report summarizes the results of that analysis, which indicated that 1) influenza vaccination levels among adults aged 18-64 with diabetes or asthma, 2) pneumococcal vaccination levels among adults aged 18-64 years with diabetes, and 3) influenza and pneumococcal vaccination levels among adults aged > or =65 years all were below levels targeted in the national health objectives for 2010. Moreover, vaccination coverage levels varied among states for both ***vaccines*** and both age groups. Innovative approaches and adequate, reliable supplies of vaccine are needed to increase vaccination coverage, particularly among adults with high- ***risk*** conditions.

9/7/9 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE
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0068699520 EMBASE/Medline No: 14619443
Evidence of indications of influenza vaccine and its
efficacy--including Guillain-Barre syndrome as an adverse reaction(?)
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Nippon rinsho. Japanese journal of clinical medicine (Nippon Rinsho) (Japan) November 1, 2003, 61/11 (1987-1991)
ISSN: 0047-1852
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Japanese
NUMBER OF REFERENCES: 14

With respect to the indications of influenza vaccine, the US
CDC guidelines are the most rational. All people aged not less than 50 years old, patients with pulmonary diseases, cardiac diseases and metabolic diseases such as diabetes mellitus, residents in old-age homes, high-risk subjects such as pregnant women, medical professionals at the position liable to infect the populations with influenza, employees of institutions, persons in charge of home care, and lodgers with high-risk patients are the subjects recommended for ***vaccination***. There are many evidences of the efficacy of influenza vaccine in the world, and recently, it has been reported that vaccination has significantly reduced hospitalization and death due to not only influenza and pneumonia but also other diseases such as cerebrovascular diseases and cardiac diseases. Since Guillain-Barre syndrome which has been considered an adverse reaction of influenza vaccine was attributable to the swine influenza vaccine (swine type virus vaccine) used in the USA in the season from 1976 to 1977 and no incidence in the syndrome has been reported with subsequent vaccines, this syndrome does not become a reason for avoidance from vaccination in the subjects other than those with a history of the syndrome.

9/7/10 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
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0068659635 EMBASE/Medline No: 14532868

State-specific prevalence of selected chronic disease-related characteristics--Behavioral ***Risk*** Factor Surveillance System, 2001. Ahluwalia I.B.; Mack K.A.; Murphy W.; Mokdad A.H.; Bales V.S. Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, USA.

CORRESP. AUTHOR/AFFIL: Ahluwalia I.B.: Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, USA.

MMWR. Surveillance summaries : Morbidity and mortality weekly report. Surveillance summaries / CDC (MMWR Surveill Summ) (United States) August 22, 2003, 52/8 (1-80)
eISSN: 1545-8636
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

PROBLEM: High-risk behaviors and lack of preventive care are associated with higher rates of morbidity and mortality in the United States. Without continued monitoring of these factors, state health departments would have difficulty tracking and evaluating progress toward Healthy People 2010 and their own state objectives. Monitoring chronic disease-related behaviors is also key to developing targeted education and intervention programs at the national, state, and local levels to improve the health of the public. REPORTING PERIOD COVERED: Data collected in 2001 are compared with data from 1991 and 2000, and progress toward Healthy People 2010 targets is assessed. DESCRIPTION OF SYSTEM: The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, state-based, telephone survey of persons aged > or =18 years. State health departments collect the data in collaboration with ***CDC***. In 2001, participants in data collection included all 50 states, the District of Columbia, Guam, the U.S. Virgin Islands, and the Commonwealth of Puerto Rico. BRFSS data are used to track the prevalence of chronic disease-related characteristics and monitor progress toward national health objectives related to 1) decreasing high-risk behaviors, 2) increasing awareness of medical conditions, and 3) increasing use of preventive health services. For certain national objectives, BRFSS is the only source of data. RESULTS: BRFSS data indicate changes in certain high- ***risk*** behaviors from 1991 to 2001. Among the findings are substantial increases in the prevalence of obesity among adults aged > or =20 years. Among states, prevalence of persons classified as obese in 2001 ranged from 15.5% in Colorado to 27.1% in Mississippi. From 1991 to 2001, the median prevalence for all participating states and territories increased from 12.9% to 21.6%. In 1991, no state had an obesity prevalence of > or =20%; in 2001, 37 states had a prevalence of > or =20%. Percentage increases in prevalence of obesity, from 1991 to 2001, ranged from 24.9% in the District of Columbia to 140.2% in New Mexico. In 2001, substantial variations also existed among states and territories regarding prevalence of other high-risk behaviors and awareness of medical conditions. Ranges included, for no leisure-time physical activity, 16.5% (Utah) to 49.2% (Puerto Rico); cigarette smoking, 9.6% (Virgin Islands) to 31.2% (Guam); binge drinking, 6.8% (Tennessee) to 25.7% (Wisconsin); heavy drinking, 2.5% (Tennessee) to 8.7% (Wisconsin); persons ever told they had ***diabetes***, 4% (Alaska) to 9.8% (Puerto Rico); persons ever told they had high blood pressure, 20% (New Mexico) to 32.5% (West Virginia); and

persons ever told they had high blood cholesterol, 24.8% (New Mexico) to 37.7% (West Virginia). Substantial variations also existed among states regarding prevalence of using preventive health services. Ranges included, for persons aged > or =50 years ever screened for colorectal cancer by use of sigmoidoscopy or colonoscopy, 30.5% (Virgin Islands) to 62% (Minnesota); persons aged > or =65 years who received an influenza vaccination in the past year, 36.8% (Puerto Rico) to 79% (Hawaii); persons aged > or =65 years who ever received a pneumococcal ***vaccination***, 24.1% (Puerto Rico) to 70.9% (Oregon). In 2001, 13 states, Guam, and the U.S. Virgin Islands used the women's health module. Ranges included, for women aged > or =18 years who had a Papanicolaou (Pap) smear test in the past 3 years, 79.8% (Virgin Islands) to 89.6% (Wisconsin); women aged > or =40 years who ever had a mammogram, 71.9% (Virgin Islands) to 93% (Rhode Island); and women aged > or =40 years who had a mammogram in the past 2 years, 57.2% (Virgin Islands) to 85.1% (Rhode Island). BRFSS data in 2001 also indicated variations by sex, race or ethnicity, and age group. Greater percentages of men than women reported cigarette smoking, binge drinking, heavy drinking, and were classified as overweight; greater percentages of women reported no leisure-time physical activity. Among racial or ethnic groups, greater percentages of black non-Hispanics than other groups reported being told by a health professional they had high blood pressure and diabetes, and were classified as obese; greater percentages of white non-Hispanics than other groups reported being told they had high cholesterol. Among age groups, greater percentages of persons aged 18-24 years than those in older groups reported smoking cigarettes, binge drinking and heavy drinking; greater percentages of persons in older age groups than younger age groups reported being told they had diabetes, high blood pressure, and high blood cholesterol. Also, comparison of 2001 BRFSS data with 12 targets from Healthy People 2010 indicates that, in 2001, no state had met the targets for obesity, cigarette smoking, binge drinking, receiving a fecal occult blood test within the past 2 years, receiving annual influenza vaccinations, receiving pneumococcal vaccinations, and receiving Pap tests. Certain states had already met targets for no leisure-time activity, receiving a sigmoidoscopy or colonoscopy, having blood cholesterol checked within the past 5 years, and receiving a mammogram within the past 2 years. INTERPRETATION: BRFSS data in this report indicate that despite certain improvements, persons in a high proportion of U.S. states and territories continue to engage in high-risk behaviors and do not report making sufficient use of preventive health practices. Substantial variations (i.e., by state, sex, age group, and race/ethnicity) in prevalence of behaviors, awareness of medical conditions, and use of preventive services indicate a continued need to monitor these factors at state and local levels and assess progress toward reducing morbidity and mortality. PUBLIC HEALTH ACTIONS: BRFSS data can be used to guide public health actions at local, state, and national levels. For certain states, BRFSS is the only reliable source of chronic-disease-related, ***risk*** -behavioral data. BRFSS data enable states to design, implement, evaluate, and monitor health-promotion strategies, targeting specific high-risk behaviors among populations experiencing high burdens of disease. BRFSS data continue to be key sources for assessing progress toward both national Healthy People 2010 objectives and state health objectives.

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 DIALOG(R)File 73:EMBASE
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0068609494 EMBASE/Medline No: 12825541
 Tetanus surveillance--United States, 1998--2000.
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MMWR. Surveillance summaries : Morbidity and mortality weekly report.
Surveillance summaries / CDC (MMWR Surveill Summ) (United States) June
20, 2003, 52/3 (1-8)
ISSN: 1546-0738
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

PROBLEM/CONDITION: Tetanus is a severe and often fatal infection. The
incidence of reported cases in the United States has declined steadily
since introduction of tetanus toxoid ***vaccines*** in the 1940s. REPORTING
PERIOD: This report covers surveillance data for 1998--2000. DESCRIPTION OF
SYSTEM: Physician-diagnosed cases of tetanus were reported to CDC's
National Notifiable Disease Surveillance System. Supplemental clinical and
epidemiologic information were provided by states. RESULTS AND
INTERPRETATION: During 1998--2000, an average of 43 cases of tetanus was
reported annually; the average annual incidence was 0.16 cases/million
population. The highest average annual incidence of reported tetanus was
among persons aged >60 years (0.35 cases/million population), persons of
Hispanic ethnicity (0.37 cases/million population), and older adults known
to have ***diabetes*** (0.70 cases/million population). Fifteen percent of
the cases were among injection-drug users. The case-fatality ratio was 18%
among 113 patients with known outcome; 75% of the deaths were among
patients aged >60 years. No deaths occurred among those who were up-to-date
with tetanus toxoid ***vaccination***. Seventy-three percent of 129 cases
with known injury information available reported an acute injury; of these,
only 37% sought medical care for the acute injury, and only 63% of those
eligible received tetanus toxoid for wound prophylaxis. INTERPRETATION: The
majority of tetanus cases occurred among persons inadequately
vaccinated or with unknown vaccination history who sustained an
acute injury. Adults aged >60 years were at highest ***risk*** for tetanus
and tetanus-related death. PUBLIC HEALTH ACTIONS: Tetanus is preventable
through routine ***vaccination*** (i.e., primary series and decennial
boosters) and appropriate management. A shortage of tetanus and diphtheria
toxoids ***vaccine*** that began during 2000 ended in 2002. Efforts by
health-care providers are warranted to vaccinate persons with delayed
or incomplete vaccination, with emphasis on older persons and persons
with high- ***risk*** conditions.

9/7/12 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE
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0068372309 EMBASE/Medline No: 12433019
Preventive-care practices among persons with diabetes--United
States, 1995 and 2001.

MMWR. Morbidity and mortality weekly report (MMWR Morb. Mortal. Wkly.
Rep.) (United States) November 1, 2002, 51/43 (965-969)
ISSN: 0149-2195
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

Effective interventions are available to persons with diabetes that

can prevent or delay the development of serious health complications such as lower limb amputation, blindness, kidney failure, and cardiovascular disease. However, the use of preventive-care practices is lower than recommended, and the national health objectives for 2010 aim to improve care for all persons with ***diabetes***. To assess progress toward meeting these goals, CDC analyzed data on selected diabetes-related preventive-care practices, including influenza and pneumococcal vaccination coverage, from the Behavioral Risk Factor Surveillance System (BRFSS) from 1995 and 2001. This report presents the findings of these analyses, which indicate that levels of preventive-care practices among persons with diabetes in the United States increased from 1995 to 2001. Further efforts are needed to improve care among persons with diabetes, reduce the burden of diabetes-related complications, and achieve the national health objectives, including continued surveillance of diabetes-related preventive-care practices and collaboration with community-based organizations, health-care providers, public health officials, and persons with ***diabetes***.

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DIALOG(R)File 73:EMBASE
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0067887563 EMBASE/Medline No: 10553810
Influenza and pneumococcal vaccination rates among persons with
diabetes mellitus--United States, 1997.

MMWR. Morbidity and mortality weekly report (MMWR Morb. Mortal. Wkly. Rep.) (United States) October 29, 1999, 48/42 (961-967)
ISSN: 0149-2195
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

Vaccination is an important public health intervention for reducing morbidity and mortality from influenza and pneumonia among persons with ***diabetes***. A national health objective for 2000 is to increase influenza and pneumococcal vaccination rates to > or =60% among persons at high risk for complications from influenza and pneumonia, including persons with ***diabetes***. Although the Advisory Committee on Immunization Practices (ACIP) recommends that all persons with diabetes be vaccinated, data from the 1993 Behavioral Risk Factor Surveillance System (BRFSS) showed that 40% of persons with diabetes reported receiving an influenza vaccination within the previous year, and 21% reported ever receiving a pneumococcal ***vaccination***. To assess the ***vaccination*** rates among persons with ***diabetes*** in 52 reporting areas (i.e., 50 states, the District of Columbia, and Puerto Rico), CDC and the Council of State and Territorial Epidemiologists (CSTE) analyzed data from the 1997 BRFSS. This report summarizes the findings of this analysis, which indicate that most states did not reach the national health objectives for influenza and pneumococcal ***vaccination*** in their populations with ***diabetes***.

9/7/14 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE
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0067104669 EMBASE/Medline No: 8336691
Final results: Medicare influenza vaccine demonstration--selected states, 1988-1992.

MMWR. Morbidity and mortality weekly report (MMWR Morb. Mortal. Wkly. Rep.) (United States) August 13, 1993, 42/31 (601-604)
ISSN: 0149-2195
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

Pneumonia and influenza (P&I) are the sixth leading cause of death in the United States, and persons aged > or = 65 years and persons with chronic conditions (e.g., lung or heart disease, ***diabetes*** , or cancer) are at greatest ***risk*** for P&I. During major epidemics, hospitalization rates for persons at highest ***risk*** may increase twofold to fivefold. However, only 30% of persons aged > or = 65 years responding to CDC's National Health Interview Survey for 1989 reported having received the influenza ***vaccine*** during the previous year. In 1988, the Health Care Financing Administration (HCFA) and CDC began a congressionally mandated 4-year demonstration project to evaluate the cost-effectiveness to Medicare of providing influenza ***vaccine*** to Medicare beneficiaries. This report presents final results of the Medicare Influenza Vaccine Demonstration conducted during 1988-1992.

9/7/15 (Item 1 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

31961444 PMID: 20010508

Deaths related to 2009 pandemic influenza A (H1N1) among American Indian/Alaska Natives - 12 states, 2009.

MMWR. Morbidity and mortality weekly report (United States) Dec 11 2009 , 58 (48) p1341-4, ISSN 1545-861X--Electronic 0149-2195--Linking
Journal Code: 7802429

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Indigenous populations from Australia, Canada, and New Zealand have been found to have a three to eight times higher rate of hospitalization and death associated with infection with the 2009 pandemic influenza A (H1N1) virus. In October, two U.S. states (Arizona and New Mexico) observed a disproportionate number of deaths related to H1N1 among American Indian/Alaska Natives (AI/ANs). These observations, plus incomplete reporting of race/ethnicity at the national level, led to formation of a multidisciplinary workgroup comprised of representatives from 12 state health departments, the Council of State and Territorial Epidemiologists, tribal epidemiology centers, the Indian Health Service, and ***CDC***. The workgroup assessed the burden of H1N1 influenza deaths in the AI/AN population by compiling surveillance data from the states and comparing death rates. The results indicated that, during April 15-November 13, AI/ANs in the 12 participating states had an H1N1 mortality rate four times higher than persons in all other racial/ethnic populations combined. Reasons for this disparity in death rates are unknown and need further investigation; however, they might include a high prevalence of chronic health conditions (e.g., ***diabetes*** and asthma) among AI/ANs that predisposes them to influenza complications, poverty (e.g., poor living conditions), and delayed access to care. Efforts are needed to increase awareness among AI/ANs and their health-care providers of the potential severity of influenza and current recommendations regarding the timely use of antiviral medications. Efforts to promote the use of 2009 H1N1 influenza

monovalent ***vaccine*** in AI/AN populations should be expanded.
Record Date Created: 20091216
Record Date Completed: 20091222

9/7/16 (Item 2 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

15637317 PMID: 14619443

[Evidence of indications of influenza vaccine and its efficacy--including Guillain-Barre syndrome as an adverse reaction(?)]

Watanabe Akira

Department of Respiratory Oncology and Molecular Medicine, Institute of Development, Aging and Cancer, Tohoku University.

Nippon rinsho. Japanese journal of clinical medicine (Japan) Nov 2003,

61 (11) p1987-91, ISSN 0047-1852--Print 0047-1852--Linking

Journal Code: 0420546

Publishing Model Print

Document type: English Abstract; Journal Article; Review

Languages: JAPANESE

Main Citation Owner: NLM

Record type: MEDLINE; Completed

With respect to the indications of influenza vaccine, the US
CDC guidelines are the most rational. All people aged not less than
50 years old, patients with pulmonary diseases, cardiac diseases and
metabolic diseases such as diabetes mellitus, residents in old-age
homes, high-risk subjects such as pregnant women, medical
professionals at the position liable to infect the populations with
influenza, employees of institutions, persons in charge of home care, and
lodgers with high-risk patients are the subjects recommended for
vaccination. There are many evidences of the efficacy of influenza
vaccine in the world, and recently, it has been reported that
vaccination has significantly reduced hospitalization and death due
to not only influenza and pneumonia but also other diseases such as
cerebrovascular diseases and cardiac diseases. Since Guillain-Barre
syndrome which has been considered an adverse reaction of influenza
vaccine was attributable to the swine influenza vaccine (swine
type virus vaccine) used in the USA in the season from 1976 to 1977
and no incidence in the syndrome has been reported with subsequent
vaccines, this syndrome does not become a reason for avoidance from
vaccination in the subjects other than those with a history of the
syndrome. (14 Refs.)

Record Date Created: 20031117

Record Date Completed: 20040205

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S10 101 CLASSEN

? rd s10

S11 86 RD S10 (unique items)

? t s11/3/all

11/3/1 (Item 1 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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0020838099 BIOSIS NO.: 200900178433

Cryopreservation of germplasm from chickens kept in Canadian research
institutions

AUTHOR: Silversides F G (Reprint); Song Y; Renema R; Rathgeber B R; Classen
H L

AUTHOR ADDRESS: Agassiz Res Ctr, Agr and Agri Food Canada, POB 1000,

Agassiz, BC V0M 1A0, Canada**Canada
AUTHOR E-MAIL ADDRESS: silversidesf@agr.gc.ca
JOURNAL: Canadian Journal of Animal Science 88 (4): p577-580 DEC 2008 2008
ISSN: 0008-3984
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

11/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0020116283 BIOSIS NO.: 200800163222
Identification of the peptide sequences within the EIIIA (EDA) segment of
fibronectin that mediate integrin alpha 9 beta 1-dependent cellular
activities
AUTHOR: Shinde Arti V; Bystroff Christopher; Wang Chunyu; Vogelesang
Mariette G; Vincent Peter A; Hynes Richard O; Van De Water Livingston
(Reprint)
AUTHOR ADDRESS: Albany Med Coll, Ctr Cell Biol and Canc Res, MC-165,
Albany, NY 12208 USA**USA
AUTHOR E-MAIL ADDRESS: vandewl@mail.amc.edu
JOURNAL: Journal of Biological Chemistry 283 (5): p2858-2870 FEB 1 2008
2008
ITEM IDENTIFIER: doi:10.1074/jbc.M708306200
ISSN: 0021-9258
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

11/3/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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19003684 BIOSIS NO.: 200600349079
Method and composition for an early vaccine to protect against both common
infectious diseases and chronic immune mediated disorders or their
sequelae
AUTHOR: Classen John Barthelow
AUTHOR ADDRESS: Baltimore, MD USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents MAR 7 2006 2006
PATENT NUMBER: US 07008790 PATENT DATE GRANTED: March 07, 2006 20060307
PATENT CLASSIFICATION: 435-325 PATENT ASSIGNEE: Classen
Immunotherapies, Inc. PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

11/3/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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17826425 BIOSIS NO.: 200400194058
Encoding a motor memory by action observation.
AUTHOR: Stefan K (Reprint); Mazzocchio R (Reprint); Duque J (Reprint);
Sawaki L (Reprint); Ungerleider L; Classen J; Cohen L (Reprint)

AUTHOR ADDRESS: HCPS, NINDS/NIH, Bethesda, MD, USA**USA
JOURNAL: Society for Neuroscience Abstract Viewer and Itinerary Planner
2003 pAbstract No. 77.7 2003 2003
MEDIUM: e-file
CONFERENCE/MEETING: 33rd Annual Meeting of the Society of Neuroscience New Orleans, LA, USA November 08-12, 2003; 20031108
SPONSOR: Society of Neuroscience
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

11/3/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

17366194 BIOSIS NO.: 200300324490
MECHANISMS OF PAIRED ASSOCIATIVE PLASTICITY IN HUMAN MOTOR CORTEX.
AUTHOR: Kujirai T (Reprint); Kujirai K (Reprint); Sinkjr T (Reprint); Rothwell J C
AUTHOR ADDRESS: Center for Sensory Motor Interaction, Aalborg University, Aalborg, Denmark**Denmark.
JOURNAL: Society for Neuroscience Abstract Viewer and Itinerary Planner
2002 pAbstract No. 562.6 2002 2002
MEDIUM: cd-rom
CONFERENCE/MEETING: 32nd Annual Meeting of the Society for Neuroscience Orlando, Florida, USA November 02-07, 2002; 20021102
SPONSOR: Society for Neuroscience
DOCUMENT TYPE: Meeting; Meeting Poster; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

11/3/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

16731996 BIOSIS NO.: 200200325507
The EIIIA segment of fibronectin is a ligand for integrins alpha9betal and alpha4betal providing a novel mechanism for regulating cell adhesion by alternative splicing
AUTHOR: Liao Yung-Feng; Gotwals Philip J; Koteliensky Victor E; Sheppard Dean; Van De Water Livingston (Reprint)
AUTHOR ADDRESS: Center for Cell Biology and Cancer Research, Albany Medical College, 47 New Scotland Avenue, Albany, NY, 12208, USA**USA
JOURNAL: Journal of Biological Chemistry 277 (17): p14467-14474 April 26, 2002 2002
MEDIUM: print
ISSN: 0021-9258
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

11/3/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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16375213 BIOSIS NO.: 200100547052
Better swing together
AUTHOR: Hummel F (Reprint); Gerloff C (Reprint)

AUTHOR ADDRESS: Neurology, Cortical Physiology Research Group, University,
Tuebingen, Germany**Germany
JOURNAL: Society for Neuroscience Abstracts 27 (1): p1203 2001 2001
MEDIUM: print
CONFERENCE/MEETING: 31st Annual Meeting of the Society for Neuroscience
San Diego, California, USA November 10-15, 2001; 20011110
ISSN: 0190-5295
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

11/3/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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13523549 BIOSIS NO.: 199699157609
On the occasion of the 60th birthday of Professor Dr. med. Hans-Georg
Classen
AUTHOR: Schramm Viktor
JOURNAL: Arzneimittel-Forschung 46 (7): p720-721 1996 1996
ISSN: 0004-4172
DOCUMENT TYPE: Article; Biography
RECORD TYPE: Citation
LANGUAGE: German

11/3/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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13277392 BIOSIS NO.: 199698745225
An unusual occurrence in West Virginia of stoneflies (Plecoptera) in the
pitcher-plant, Sarracenia purpurea L. (Sarraceniaceae)
AUTHOR: Turner T S (Reprint); Pittman J L; Poston M E (Reprint); Petersen R
L (Reprint); MacKenzie M; Nelson C H; Duffield R M (Reprint)
AUTHOR ADDRESS: Dep. Biol., Howard Univ., Washington, DC 20059, USA**USA
JOURNAL: Proceedings of the Entomological Society of Washington 98 (1): p
119-121 1996 1996
ISSN: 0013-8797
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

11/3/10 (Item 10 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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12715359 BIOSIS NO.: 199598183192
Common areas of interest between interventional biliary radiology and
endoscopy
AUTHOR: Soehendra Nib
AUTHOR ADDRESS: Dep. Endoscopic Surg., Univ. Hosp. Eppendorf, Univ.
Hamburg, Martinistrasse 52, 20246 Hamburg, Germany**Germany
JOURNAL: AJR American Journal of Roentgenology 164 (3): p547-551 1995 1995
ISSN: 0361-803X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

11/3/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

12433282 BIOSIS NO.: 199497454567
Phosphorus uptake of maize as affected by ammonium and nitrate nitrogen -
measurements and model calculations
AUTHOR: Hoffmann Christa (Reprint); Ladewig Erwin (Reprint); Claassen
Norbert; Jungk Albrecht (Reprint)
AUTHOR ADDRESS: Inst. Agrikulturchemie, Georg-August-Univ., von
Siebold-Str. 6, D-37075 Goettingen, Germany**Germany
JOURNAL: Zeitschrift fuer Pflanzenernaehrung und Bodenkunde 157 (3): p
225-232 1994 1994
ISSN: 0044-3263
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

11/3/12 (Item 12 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879407 BIOSIS NO.: 199038057298
ENDORECTAL SONOGRAPHY IN PROSPECTIVE STAGING OF RECTAL CANCER
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: RIFKIN M D (Reprint); MARKS G
AUTHOR ADDRESS: DEP RADIOL, THOMAS JEFFERSON UNIVERSITY HOSP, 1033 MAIN
BUILDING, 10TH AND SANSOM ST, PHILADELPHIA, PA 19107, USA**USA
p98-101
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/13 (Item 13 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879406 BIOSIS NO.: 199038057297
DETECTION AND DIAGNOSIS OF HEPATIC MASSES BY LAPAROSCOPIC ULTRASONOGRAPHY
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: FUKUDA M (Reprint); HIRATA K; MIMA S
AUTHOR ADDRESS: SAPPORO MED COLL HOSP, DIV ULTRASOUND AND MED ELECTRONICS,
S1, W17, CHUO-KU, SAPPORO 060, JAPAN**JAPAN
p108-116
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/14 (Item 14 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)
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09879405 BIOSIS NO.: 199038057296
DOES ENDORECTAL SONOGRAPHY INFLUENCE TREATMENT OF RECTAL CANCER
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: FEIFEL G (Reprint)
AUTHOR ADDRESS: CHIRURGISCHE UNIVERSITAETSKLINIK, ABT FUER ALLGEMEINE,
CHIRURGIE UND ABDOMINALCHIRURGIE, 6650 HOMBURG/SAAR
p102-107
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879404 BIOSIS NO.: 199038057295
UTILITY OF LAPAROSCOPIC ULTRASONOGRAPHY IN THE DIAGNOSIS OF HEPATO-BILIARY
AND PANCREATIC CARCINOMA
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: FUKUMOTO Y (Reprint); OKITA K; TAKEMOTO T
AUTHOR ADDRESS: YAMAGUCHI UNIV SCH MED, FIRST DEP INTERN MED, UBE,
YAMAGUCHI-PREF 755, JAPAN**JAPAN
p92-97
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/16 (Item 16 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879403 BIOSIS NO.: 199038057294
THE DETECTION OF SMALL PANCREATITIC CANCERS BY ENDOSCOPIC ULTRASONOGRAPHY
EUS
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: YASUDA K (Reprint); NAKAJIMA M; MUKAI H; YOSHIDA S; KAWAI K
AUTHOR ADDRESS: DEP PREVENTIVE MED, KYOTO PREFECTURAL UNIV OF MED
KAWARAMACHI HIROKOJI, KAMIGYO-KU, KYOTO 602, JAPAN**JAPAN
p86-91
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/17 (Item 17 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879402 BIOSIS NO.: 199038057293
ENDOSCOPIC ULTRASONOGRAPHY IN CHRONIC PANCREATITIS
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: ROESCH T (Reprint); DANCYGIER H; LORENZ R; CLASSEN M
AUTHOR ADDRESS: II MED KLINIK, STAEDTISCHE KLINIKEN OFFENBACH,
STARCKENBURGRING 66, 6030 OFFENBACH, WEST GERMANY**WEST GERMANY
p83-85
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/18 (Item 18 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879401 BIOSIS NO.: 199038057292
EXTRAGASTRIC AND SUBMUCOSAL LESIONS
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: HEYDER N (Reprint); OBENAUF G
AUTHOR ADDRESS: MEDIZINISCHE UNIVERSITAETSKLINIK MIT POLIKLINIK DER UNIV
ERLANGEN-NUERNBERG, KRANKENHAUSSTRASSE 12, 8520 ERLANGEN, FRG**WEST
GERMANY
p79-82
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/19 (Item 19 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879400 BIOSIS NO.: 199038057291
ENDOSONOGRAPHIC DETECTION AND STAGING OF EARLY GASTRIC CANCER
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: AIBE T (Reprint); FUJIMURA H; NOGUCHI T; OHTANI T; NAKATA K; ITO T;
FUJI T; TAKEMOTO T
AUTHOR ADDRESS: FIRST DEP OF INTERN MED, YAMAGUCHI UNIV SCH MED, UBE,
YAMAGUCHI-PREF 755, JAPAN**JAPAN
p71-78
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/20 (Item 20 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879399 BIOSIS NO.: 199038057290
NON-HODGKIN LYMPHOMA OF THE STOMACH ENDOSONOGRAPHIC STRATEGIES IN DIAGNOSIS
AND TREATMENT
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: TIO T L (Reprint); DEN HARTOG JAGER F C A; TYTGAT G N; UDDING J
AUTHOR ADDRESS: ACAD MED CENT, UNIV AMSTERDAM, DIV GASTROENTEROL/HEPATOL,
MEIBERGDRREEF 9, 1103 AZ AMSTERDAM, NETHERLANDS**NETHERLANDS
p64-70
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/21 (Item 21 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879398 BIOSIS NO.: 199038057289
ENDOSCOPIC SONOGRAPHY OF H-2-BLOCKER RESISTANT PEPTIC ULCER
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: TAKEMOTO T (Reprint); NAKATA K; AIBE T; FUKUMOTO Y
AUTHOR ADDRESS: YAMAGUCHI UNIV SCH MED, FIRST DEP INTERN MED, 1144 KOGUSHI,
UBE, YAMAGUCHI-PREF 755, JAPAN**JAPAN
p57-63
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/22 (Item 22 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879397 BIOSIS NO.: 199038057288
BENIGN VERSUS MALIGNANT GASTRIC ULCERS A ROLE FOR ENDOSCOPIC
ULTRASONOGRAPHY?
BOOK TITLE: DANCYGIER, H. AND M. ***CLASSEN*** (ED.). 5TH INTERNATIONAL
SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: YASUDA K (Reprint); NAKAJIMA M; CHO E; KOBAYASHI M; KAWAI K
AUTHOR ADDRESS: DEP OF PREVENTIVE MED, KYOTO PREFECTURAL UNIV MED,
KAWARAMACHI HIROKOJI, KAMIGYO-KU, KYOTO 620, JAAPN**JAPAN
p50-56
ISBN: 3-89383-010-3
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/23 (Item 23 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09879396 BIOSIS NO.: 199038057287
ENDOSONOGRAPHY EUT IN PORTAL HYPERTENSION
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SYMPOSIUM ON ENDOSCOPIC ULTRASONOGRAPHY; MUNICH, WEST GERMANY, JULY
10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: CALETTI G C (Reprint); BROCCHI E; ZANI L; BOLONDI L; FESTI D;
CASANOVA P; BARBARA L
AUTHOR ADDRESS: VIA GOITO N 3, 40126 BOLOGNA, ITALY**ITALY
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ENDOSCOPIC ULTRASONOGRAPHY IN THE MANAGEMENT OF SUPERFICIAL SQUAMOUS CELL
CANCER IN THE ESOPHAGUS
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10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: LAMBERT R (Reprint); SOUQUET J C; VALETTA P J; SABBEN G; CHAVILLON
A
AUTHOR ADDRESS: HOP EDQUARD-HERRIOT, SERV D'HEPATO-GASTROENTEROL, PLACE
D'ARSONVAL, 69437 LYON, FRANCE**FRANCE
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10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: TAKEMOTO T (Reprint); ITOH T; FUKUMOTO Y; AIBE T; OKITA K
AUTHOR ADDRESS: YAMAGUCHI UNIV SCH MED, FIRST DEP OF INTERN MED, 1144
KOGUCHI, UBE, YAMAGUCHI-PREF 775, JAPAN**JAPAN
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PAPER
AUTHOR: KIYOTA K (Reprint); YASUDA K; FUJIMOTO S; NAKAJIMA M; KAWAI K
AUTHOR ADDRESS: DEP OF GASTROENTEROL, KYOTO SECOND RED CROSS HOSP,
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PAPER
AUTHOR: ROESCH T (Reprint); DANCYGIER H; LORENZ R; CLASSEN M
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PAPER
AUTHOR: BOSCAINI A (Reprint); MONTORI A
AUTHOR ADDRESS: UNIV DEGLI STUDI DI ROMA, PATHOL SPECIALE CHIRURGICA E
PROPEDEUTICA CLINICA III, POLICLINICO UMBERTO I, 00161 ROMA, ITALY**ITALY
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PAPER
AUTHOR: AIBE T (Reprint); NAKATA K; NOGUCHI T; FUJI T; TAKEMOTO T
AUTHOR ADDRESS: FIRST DEP OF INTERN MED, YAMAGUCHI, UNIV SCH OF MED, UBE,
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AUTHOR: HILDEBRANDT U (Reprint)
AUTHOR ADDRESS: CHIRURGISCHE UNIVERSITAETSKLIN, ABT FUER ALLGEMEINE
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PAPER
AUTHOR: STROHM W D (Reprint)
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HEILBRONN, FRG**WEST GERMANY
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10-11, 1987. IX+115P. KARL DEMETER VERLAG: MUNICH, WEST GERMANY. ILLUS.
PAPER
AUTHOR: KOMIYA O (Reprint)
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BUILDING 22-2, NISHI SHINJUKU I-CHOME, SHINJUKU-KU, TOKYO, JAPAN**JAPAN
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PAPER
AUTHOR: DANCYGIER H (Reprint); CLASSEN M
AUTHOR ADDRESS: II MEDIZINISCHE KLINIK, STAEDTISCHE KLINIKEN OFFENBACH,
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: YARCHOAN R (Reprint); BRODER S
AUTHOR ADDRESS: BLDG 20, ROOM 13N248, NIH, BETHESDA, MD 20892, USA**USA
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: NORLEY S G (Reprint); KURTH R
AUTHOR ADDRESS: PAUL EHRLICH INST, BUNDESAMT SERA IMPFSTOFFE,
PAUL-EHRLICH-STR 42-44, D-6000 FRANKFURT, FRG**WEST GERMANY
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: DANCYGIER H (Reprint)
AUTHOR ADDRESS: II MED KLINIK POLIKLINIK, TU MUENCHEN, KLIN RECHTS ISAR,
ISMANINGER STR 22, D-8000 MUENCHEN 80, FRG**WEST GERMANY
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: CLASSEN M (Reprint)
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: FRIEDMAN S L (Reprint)
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: ALTMAN D F (Reprint)
AUTHOR ADDRESS: SCH MED, ROOM S-221, UNIV CALIF, SAN FRANCISCO, CA
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LIVER BIOPSY IN HUMAN IMMUNODEFICIENCY VIRUS ANTIBODY POSITIVE PATIENTS
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: BARRISON I G (Reprint); PRICE J; LOGAN R; HARRIS J R W; PINCHING A
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: MEYER ZUM BUESCHENFELDE K-H (Reprint); ROSSOL S; WEBER K; HESS G
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VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: HUEBNER K (Reprint)
AUTHOR ADDRESS: SENCKENBERGISCHE ZENTRUM PATHOLOGIE, UNIV FRANKFURT IM
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GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS

AUTHOR: BRODT H-R (Reprint)
AUTHOR ADDRESS: ZENTRUM INNEREN MED, ABT INFEKTIONSKRANKHEITEN,
UNIVERSITAETSKLINIKUM, JOHANN WOLFGANG GOETHE-UNIV, THEODOR-STERN-KAI 7,
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
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AUTHOR: JANOFF E N (Reprint)
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BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
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SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: SMITH P D (Reprint)
AUTHOR ADDRESS: CELLULAR IMMUNOL SECT, LAB IMMUNOL, NIDR, BUILDING 30, ROOM
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BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN

GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: MASUR H (Reprint)
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BETHESDA, MD 20892, USA**USA
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CRYPTOSPORIDIOSIS IN AIDS IMMUNOLOGICAL ASPECTS
BOOK TITLE: ***CLASSEN***, M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: SOAVE R (Reprint)
AUTHOR ADDRESS: DIV INFECT DIS, NEW YORK HOSP, CORNELL MED CENTER, 525 EAST
68TH ST, NEW YORK, NY 10021, USA**USA
p42-43
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11/3/48 (Item 48 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541691 BIOSIS NO.: 198937119440
CRYPTOSPORIDIOSIS IN AIDS MICROBIOLOGICAL AND CLINICAL ASPECTS
BOOK TITLE: ***CLASSEN***, M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: EICHENLAUB D (Reprint); LOESCHER T; GOEBEL E; LOESCHKE K
AUTHOR ADDRESS: ABT INFEKTIONEN TROPENMED, UNIV MUENCHEN, LEOPOLDSTR 5,
D-8000 MUENCHEN 40, FRG**WEST GERMANY
p39-41
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LANGUAGE: ENGLISH

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09541690 BIOSIS NO.: 198937119439

PROTOZOAN INFECTIONS IN THE GASTROINTESTINAL TRACT OF HOMOSEXUAL MEN AND
PATIENTS WITH THE ACQUIRED IMMUNODEFICIENCY SYNDROME
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: QUINN T C (Reprint)
AUTHOR ADDRESS: DIV INFECT DIS, JOHNS HOPKINS UNIV, 600 N WOLFE ST, BALOCK
111, BALTIMORE, MD 21205, USA**USA
p36-38
ISBN: 3-89383-006-5
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RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/50 (Item 50 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541689 BIOSIS NO.: 198937119438
DIAGNOSIS OF ENTERIC INFECTIONS DURING AIDS
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: RENE E (Reprint)
AUTHOR ADDRESS: SERV HEPATO-GASTRO-ENTEROLOGIE GROUPE HOSP BICHAT-CLAUDE
BERNARD, 75877 PARIS CEDEX 18, FR**FRANCE
p32-35
ISBN: 3-89383-006-5
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11/3/51 (Item 51 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541688 BIOSIS NO.: 198937119437
ANAL AND PERIANAL LESIONS ASSOCIATED WITH HIV-INFECTION
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: VOGT H J (Reprint); BORELLI S; ENGST R; MIELCKE O
AUTHOR ADDRESS: DERMATOL KLINIK POLIKLINIK, TECH UNIV MUENCHEN,
BIEDERSTEINER STR 29, D-8000 MUENCHEN 40, FRG**WEST GERMANY
p29-31
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11/3/52 (Item 52 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

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09541687 BIOSIS NO.: 198937119436

ENDOSCOPIC ASPECTS OF GASTROINTESTINAL TRACT LESIONS IN HIV-INFECTION
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS

AUTHOR: L'AGE M (Reprint); HEISE W; MOSTERTZ P; MARTSCHICK R; ARASTEH K;
SKOERDE J; NEHM K

AUTHOR ADDRESS: II INNERE ABT, AUGUSTE-VIKTORIA-KRANKENHAUS, RUBENSSTR 125,
D-1000 BERLIN 41, FRG**WEST GERMANY

p27-28

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DIALOG(R)File 5:Biosis Previews(R)

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09541686 BIOSIS NO.: 198937119435

MANIFESTATIONS OF ORAL CAVITY AND PERIORAL REGION IN HIV INFECTION

BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS

AUTHOR: BRAUN-FALCO O (Reprint); FROESCHL M

AUTHOR ADDRESS: DERMATOL KLINIK POLIKLINIK, LMU, FRAUENBLOBSTR 9, D-8000
MUENCHEN 15, FRG**WEST GERMANY

p23-26

ISBN: 3-89383-006-5

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RECORD TYPE: Citation

LANGUAGE: ENGLISH

11/3/54 (Item 54 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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09541685 BIOSIS NO.: 198937119434

NONSPECIFIC MALABSORPTION IN AIDS EVIDENCE FOR A HIV-INDUCED ENTEROPATHY

BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS

AUTHOR: RIECKEN E O (Reprint); ZEITZ M; ULLRICH R; L'AGE M; HEISE W

AUTHOR ADDRESS: MED KLINIK, KLINIKUM STEGLITZ, FUB, HINDENBURGDAMM 30,
D-1000 BERLIN 45, FRG**WEST GERMANY

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RECORD TYPE: Citation

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11/3/55 (Item 55 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541684 BIOSIS NO.: 198937119433
DETECTION OF HIV INFECTION BY IN SITU HYBRIDIZATION IN THE GASTROINTESTINAL
TRACT
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: KOENIG S (Reprint); FOX C H; FAUCI A S
AUTHOR ADDRESS: NATL INST HEALTH, BUILDING 10, ROOM 11B-13, BETHESDA, MD
20892, USA**USA
p18-20
ISBN: 3-89383-006-5
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11/3/56 (Item 56 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541683 BIOSIS NO.: 198937119432
CHARACTERISTICS OF INTESTINAL T LYMPHOCYTES AS POTENTIAL TARGET CELLS OF
HIV
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: ZEITZ M (Reprint); JAMES S P; ULLRICH R; RIECKEN E-O
AUTHOR ADDRESS: MED KLINIK, KLINIKUM STEGLITZ, FUB, HINDENBURGDAMM 30,
D-1000 BERLIN 45, GER**GERMANY
p14-17
ISBN: 3-89383-006-5
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/57 (Item 57 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541682 BIOSIS NO.: 198937119431
LYMPHOCYTE POPULATIONS AND HIV GROWTH IN THE INTESTINAL MUCOSA IN THE
ACQUIRED IMMUNODEFICIENCY SYNDROME
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: KAGNOFF M F (Reprint); RODGERS V D; BRENNER D A
AUTHOR ADDRESS: DEP MED M-023-D, UNIV CALIF SAN DIEGO, LA JOLLA, CA 92093,
USA**USA
p11-13

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RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/58 (Item 58 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541681 BIOSIS NO.: 198937119430
DIARRHEA IN AFRICAN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS TYPE 1
INFECTION
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: COLEBUNDERS R (Reprint); NELSON A M; LUSAKUMUNU K; LEBUGHE I; BILA
K
AUTHOR ADDRESS: AIDS PROGRAM, MAILSTOP G 29, CENTERS DIS CONTROL, ATLANTA,
GA 30333, USA**USA
p8-10
ISBN: 3-89383-006-5
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/59 (Item 59 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541680 BIOSIS NO.: 198937119429
BACTERIAL ENTERIC INFECTIONS IN AIDS
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: BLASER M J (Reprint)
AUTHOR ADDRESS: INFECT DIS SECT, VETERANS ADM MED CENTER, 1055 CLERMONT ST,
DENVER, CO 80220, USA**USA
p5-7
ISBN: 3-89383-006-5
DOCUMENT TYPE: Book; Meeting
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LANGUAGE: ENGLISH

11/3/60 (Item 60 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541679 BIOSIS NO.: 198937119428
REGULATION OF MUCOSAL IMMUNE RESPONSES BY LYMPHOKINES
BOOK TITLE: ***CLASSEN*** , M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS

AUTHOR: STROBER W (Reprint); HARRIMAN G R
AUTHOR ADDRESS: MUCOSAL IMMUNITY SECT, LAB CLINICAL INVESTIGATION, NATL
INST ALLERGY INFECT DIS, NATL INST HEALTH, BETHESDA, MD, USA**USA
p3-4
ISBN: 3-89383-006-5
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
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11/3/61 (Item 61 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541678 BIOSIS NO.: 198937119427
MOLECULAR BIOLOGY OF RETROVIRUSES AND SEROLOGIC DIAGNOSIS OF HIV INFECTION
BOOK TITLE: ***CLASSEN***, M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: GUERTLER L (Reprint); DEINHARDT F
AUTHOR ADDRESS: MAX-VON PETTENKOFER-INST, LUDWIG MAXIMILIANS-UNIV MUENCHEN,
PETTENKOFERSTR, D-8000 MUENCHEN 2, FRG**WEST GERMANY
p1-2
ISBN: 3-89383-006-5
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/62 (Item 62 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09541677 BIOSIS NO.: 198937119426
AIDS IN GASTROENTEROLOGY AND HEPATOLOGY FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME MUNICH WEST GERMANY JUNE 9-10 1988
BOOK TITLE: ***CLASSEN***, M. AND H. DANCYGIER (ED.). AIDS IN
GASTROENTEROLOGY AND HEPATOLOGY; FIRST INTERNATIONAL CONGRESS ON THE
GASTROINTESTINAL TRACT AND THE LIVER IN THE ACQUIRED IMMUNODEFICIENCY
SYNDROME, MUNICH, WEST GERMANY, JUNE 9-10, 1988. IX+77P. KARL DEMETER
VERLAG: MUNICH, WEST GERMANY. ILLUS
AUTHOR: CLASSEN M (Reprint); DANCYGIER H
AUTHOR ADDRESS: II MED KLINIK POLIKLINIK, TU MUENCHEN, KLINIKUM RECHTS
ISAR, ISMANINGER STR 22, D-8000 MUENCHEN 80, FRG**WEST GERMANY
pIX+77P
ISBN: 3-89383-006-5
DOCUMENT TYPE: Book; Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

11/3/63 (Item 63 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

09054781 BIOSIS NO.: 198885023672
GRAMICIDIN-INDUCED HEXAGONAL H-I-I PHASE FORMATION IN ERYTHROCYTE MEMBRANES
AUTHOR: TOURNOIS H (Reprint); LEUNISSEN-BIJVELT J; HAEST C W M; DE GIER J;

DE KRUIJFF B
AUTHOR ADDRESS: DEP BIOCHEM, STATE UNIV UTRECHT, PADUALAAN 8, 3584 CH
UTRECHT, THE NETHERLANDS**NETHERLANDS
JOURNAL: Biochemistry 26 (21): p6613-6621 1987
ISSN: 0006-2960
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

11/3/64 (Item 64 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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07400905 BIOSIS NO.: 198528039808
ILCA INTERNATIONAL LIVESTOCK CENTER FOR AFRICA RESEARCH REPORT NO. 6. THE
WATER RESOURCE IN TROPICAL AFRICA AND ITS EXPLOITATION
BOOK TITLE: EDWARDS, K. A., G. A. ***CLASSEN*** AND E. H. J. SCHROTEN. ILCA
(INTERNATIONAL LIVESTOCK CENTRE FOR AFRICA) RESEARCH REPORT, NO. 6. THE
WATER RESOURCE IN TROPICAL AFRICA AND ITS EXPLOITATION. VIII+103P.
INTERNATIONAL LIVESTOCK CENTRE FOR AFRICA: ADDIS ABABA, ETHIOPIA. ILLUS.
PAPER
AUTHOR: EDWARDS K A; CLASSEN G A; SCHROTEN E H J
SERIES TITLE: ILCA (International Livestock Centre for Africa) Research
Report pVIII+103P 1983
ISSN: 0257-8409 ISBN: 92-9053-043-X
DOCUMENT TYPE: Book
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

11/3/65 (Item 65 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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07355003 BIOSIS NO.: 198478090410
PROCESSING OF WILLOW SALIX-DRUMMONDIANA LEAVES IN 2 ALBERTA CANADA ROCKY
MOUNTAIN STREAMS
AUTHOR: MUTCH R A (Reprint); DAVIES R W
AUTHOR ADDRESS: DEP BIOL, UNIV CALGARY, CALGARY, ALBERTA, CAN T2N 1N4**
CANADA
JOURNAL: Holarctic Ecology 7 (2): p171-176 1984
ISSN: 0105-9327
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

11/3/66 (Item 66 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0000976886 BIOSIS NO.: 19593300021889
Failure of bone marrow to form plasma phosphatides
AUTHOR: McCANDLESS E L; ZILVERSMIT D B
AUTHOR ADDRESS: U. Tennessee, Memphis
JOURNAL: ACTA PHYSIOL ET PHARMACOL NEERLAND 5 p98-101 1956 1956
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

11/3/67 (Item 67 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0000255642 BIOSIS NO.: 19330700012161
Materialbeschaffung, Le-bendbeobachtung und Haltung von Tardigraden
BOOK TITLE: EMIL ABDERHALDEN. Handbuch der biologischen Arbeitsmethoden
Abt. IX. Methoden der Erforschung der Leistungen des tierischen
Organismus, Teil 7. Heft 1, Lief.
AUTHOR: MARCUS ERNST
p1-9 1931
BOOK PUBLISHER: Urban und Schwarzenberg, Berlin
DOCUMENT TYPE: Book
RECORD TYPE: Abstract
LANGUAGE: Unspecified

11/3/68 (Item 68 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0000217188 BIOSIS NO.: 19310500029799
Periodisches Fischsterben in Walvis Bay, South West Afrika
AUTHOR: CLASSEN TH
JOURNAL: PALAEOBIOLOGICA [WIEN] 3 ((1/2)): p1-13 1930 1930
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

11/3/69 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0083752813 EMBASE/Medline No: 2010249848
Recent patent rulings can impede the progress of personalized medicine :
The Bilski and Classen decisions can render numerous in vitro
diagnostic claims unpatentable
Samardzija M.R.
Bracewell and Giuliani LLP, Houston, TX, United States
AUTHOR EMAIL: michael@bgllp.com
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Houston, TX, United States
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BioPharm International (BioPharm Int.) (United States) August 1, 2009
, 22/8 (74)
CODEN: BIINB ISSN: 1542-166X
DOCUMENT TYPE: Journal; Short Survey RECORD TYPE: Citation
LANGUAGE: English

11/3/70 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0083349816 EMBASE/Medline No: 2009569735
Autoantibodies against the platelet-derived growth factor receptor in
scleroderma: Comment on the articles by Classen et al and Loizos et
al

Gabrielli A.; Moroncini G.; Svegliati S.; Avvedimento E.V.
Universita Politecnica Delle Marche, Ancona, Italy
CORRESP. AUTHOR/AFFIL: Gabrielli A.: Universita Politecnica Delle Marche,
Ancona, Italy

Arthritis and Rheumatism (Arthritis Rheum.) (United States) November
1, 2009, 60/11 (3521-3522)
CODEN: ARHEA ISSN: 0004-3591 eISSN: 1529-0131
DOI: 10.1002/art.27209
URL:
<http://www3.interscience.wiley.com/cgi-bin/fulltext/122666486/PDFSTART>
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 7

11/3/71 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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0081495759 EMBASE/Medline No: 2006559071
The history of the endoscopy - 200 Years of documented endoscopy
(1806-2006)
Historie endoskopie - 200 Let dokumentovane endoskopie (1806-2006)
Lukas K.
IV. Interni Klinika, 1. LF UK, VFN Praha; IV. Interni Klinika, VFN, 1. LF
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CORRESP. AUTHOR EMAIL: klukas@vfn.cz

Ceska a Slovenska Gastroenterologie a Hepatologie (Ceska Slov.
Gastroenterol. Hepatol.) (Czech Republic) December 1, 2005, 59/6
(299-308)
CODEN: CSGHA ISSN: 1213-323X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: Czech SUMMARY LANGUAGE: English; Czech
NUMBER OF REFERENCES: 42

11/3/72 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
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0080575455 EMBASE/Medline No: 2005219713
How endoscopy has changed in recent 60 years
Jak se zmenila endoskopie za poslednich 60 let
Lukas K.
IV. Interni Klinika, 1. LF, UK a VFN, Praha, Czech Republic; U Nemocnice
2, 128 08 Praha 2, Czech Republic
AUTHOR EMAIL: klukas@vfn.cz
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Casopis Lkaru Ceskych (Cas. Lek. Cesk.) (Czech Republic) May 31, 2005
, 144/SUPPL. 1 (37-39)
CODEN: CLCEA ISSN: 0008-7335
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: Czech SUMMARY LANGUAGE: English; Czech

NUMBER OF REFERENCES: 25

11/3/73 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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0080198237 EMBASE/Medline No: 2004377665
The international digestive cancer alliance - What are its goals?
Classen M.; Wlnawer S.
Klinikum Rechts der Isar, Technical University, Munich, Germany
CORRESP. AUTHOR/AFFIL: Classen M.: Klinikum Rechts der Isar, Technical
University, Munich, Germany

Practical Gastroenterology (Pract. Gastroenterol.) (United States)
August 1, 2004, 28/8 (42+45)
CODEN: PRGAE ISSN: 0277-4208
DOCUMENT TYPE: Journal; Short Survey RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

11/3/74 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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0079145139 EMBASE/Medline No: 2002308907
The EIIIA segment of fibronectin is a ligand for integrins alpha SUB
9beta SUB 1 and alpha SUB 9beta SUB 1 providing a novel mechanism for
regulating cell adhesion by alternative splicing
Liao Y.-F.; Gotwals P.J.; Koteliensky V.E.; Sheppard D.; Van De Water L.
Ctr. for Cell Biology/Cancer Res., Mail Code 165, Albany Medical College,
47 New Scotland Avenue, Albany, NY 12208, United States
CORRESP. AUTHOR/AFFIL: Van De Water L.: Ctr. for Cell Biology/Cancer
Res., Mail Code 165, Albany Medical College, 47 New Scotland Avenue,
Albany, NY 12208, United States
CORRESP. AUTHOR EMAIL: VandewL@mail.amc.edu

Journal of Biological Chemistry (J. Biol. Chem.) (United States) April
26, 2002, 277/17 (14467-14474)
CODEN: JBCHA ISSN: 0021-9258
DOI: 10.1074/jbc.M201100200
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 61

11/3/75 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078947557 EMBASE/Medline No: 2002111243
In pursuit of the perfect sphincterotomy
Hawes R.H.

Clinical Perspectives in Gastroenterology (Clin. Perspect.
Gastroenterol.) (United States) April 6, 2002, 5/2 (104-107)
CODEN: CPGAF ISSN: 1098-8351
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

11/3/76 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077472737 EMBASE/Medline No: 1998383172

Current advances in the chemical synthesis of annonaceous acetogenins and relatives

Casiraghi G.; Zanardi F.; Battistini L.; Rassu G.; Appendino G.
Dipartimento Farmaceutico, Universita di Parma, Ist. l'Applic. Tecn.
Chim. Avan. CNR, Sassari, Italy
CORRESP. AUTHOR/AFFIL: Casiraghi G.: Dipartimento Farmaceutico,
Universita di Parma, Ist. l'Applic. Tecn. Chim. Avan. CNR, Sassari, Italy

Chemtracts (Chemtracts) (United States) October 1, 1998, 11/11
(803-827)

CODEN: CHEMF ISSN: 1431-9268

DOCUMENT TYPE: Journal; Short Survey RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 31

11/3/77 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077275923 EMBASE/Medline No: 1998186082

Interventional ERCP

INTERVENTIONELLE ENDOSKOPISCHE RETROGRADE CHOLANGIO-PANKREATICOGRAPHIE
(ERCP)

Musch E.; Krengel H.-G.

Kath. Kliniken Essen-Nord gGmbH, Klinik fur Gastroenterologie,
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CORRESP. AUTHOR/AFFIL: Krengel H.-G.: Kath. Kliniken Essen-Nord gGmbH,
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Klinikarzt (Klinikartz) (Germany) June 17, 1998, 27/4 (100-102)

CODEN: KLINF ISSN: 0341-2350

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: German SUMMARY LANGUAGE: German; English

NUMBER OF REFERENCES: 10

11/3/78 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077039721 EMBASE/Medline No: 1997332971

Response to Classen and Classen [4]

Neu A.; Kehrner M.; Hub R.; Ranke M.B.

Universitaets-Kinderklinik, Ruemelinstr. 19-23, D-72070 Tuebingen,
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19-23, D-72070 Tuebingen, Germany

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Diabetes Care (DIABETES CARE) (United States) November 20, 1997, 20/11
(1800)

CODEN: DICAD ISSN: 0149-5992

DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 7

11/3/79 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0073456793 EMBASE/Medline No: 1987220831
Gramicidin-induced hexagonal H(II) phase formation in erythrocyte
membranes
Tournois H.; Leunissen-Bijvelt J.; Haest C.W.M.; De Gier J.; De Kruijf B.
Department of Biochemistry, State University of Utrecht, 3584 CH Utrecht,
Netherlands:
CORRESP. AUTHOR/AFFIL: Department of Biochemistry, State University of
Utrecht, 3584 CH Utrecht, Netherlands

Biochemistry (BIOCHEMISTRY) (United States) December 16, 1987, 26/21
(6613-6621)
CODEN: BICHA ISSN: 0006-2960
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

11/3/80 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0071696121 EMBASE/Medline No: 1980075852
Chemotherapeutics of malignant tumours. IV. Antimetabolites
Cerny A.; Semonsky M.; Semonska S.
Vyzk. Ust. Farm. Biochem., Praha, cs:
CORRESP. AUTHOR/AFFIL: Vyzk. Ust. Farm. Biochem., Praha, cs

Cesko-Slovenska Farmacie (CESKO-SLOV. FARM.) (cs) December 1, 1979,
28/4 (159-182)
CODEN: CKFRA ISSN: 0009-0530
DOCUMENT TYPE: Journal RECORD TYPE: Citation
LANGUAGE: Czech

11/3/81 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0069575066 EMBASE/Medline No: 18415907
Is a pediatric inguinal hernia appropriate to laparoscopic repair? - Some
considerations and a comment on the article: ***Classen*** et al.:
Laparoscopic inguinal herniorrhaphy in children - Experiences in a tertiary
referral medical center
Ist die kindliche Leistenhernie für die laparoskopische Versorgung
geeignet? - Einige Überlegungen und ein Kommentar zum Artikel:
Classen et al.: Die laparoskopische Herniorrhaphie des Leistenbruchs
im Kindesalter - Erfahrungen in einem Krankenhaus der Grund- und
Regelversorgung
Stuhldreier G.
Abteilung für Kinderchirurgie, Universitätsklinikum Rostock; Abteilung
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Zentralblatt fur Chirurgie (Zentralbl. Chir.) (Germany) April 1, 2008
, 133/2 (176-177)

CODEN: ZECHA ISSN: 0044-409X

DOI: 10.1055/s-2008-1004762

DOCUMENT TYPE: Journal; Editorial RECORD TYPE: Citation

FILE SEGMENT: Medline

LANGUAGE: German

NUMBER OF REFERENCES: 19

11/3/82 (Item 14 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0069347000 EMBASE/Medline No: 17396752

Private sector initiatives to improve health in Africa.

Lyons H.; Classen P.; Bourgeois S.

International Healthcare, PA Consulting.

CORRESP. AUTHOR/AFFIL: Lyons H.: International Healthcare, PA Consulting.

World hospitals and health services : the official journal of the
International Hospital Federation (World Hosp Health Serv) (United
Kingdom) December 1, 2006, 42/4 (23-26)

ISSN: 1029-0540

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

11/3/83 (Item 15 from file: 73)

DIALOG(R)File 73:EMBASE

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0068126699 EMBASE/Medline No: 10980935

Biliary sphincterotomy: less benign than once thought?

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27710, USA.

CORRESP. AUTHOR/AFFIL: Baillie J.: Duke University Medical Center,
Division of Gastroenterology, Durham, NC 27710, USA.

Current gastroenterology reports (Curr Gastroenterol Rep) (United
States) April 1, 1999, 1/2 (102-106)

ISSN: 1522-8037

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 22

11/3/84 (Item 16 from file: 73)

DIALOG(R)File 73:EMBASE

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0067652637 EMBASE/Medline No: 9264781

Measuring the quality of health care: state of the art.

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20418, USA.

CORRESP. AUTHOR/AFFIL: Donaldson M.S.: Division of Health Care Services,

|
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The Joint Commission journal on quality improvement (Jt Comm J Qual
Improv) (United States) May 1, 1997, 23/5 (283-292)
ISSN: 1070-3241
DOCUMENT TYPE: Journal; Conference Paper RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

11/3/85 (Item 17 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067317108 EMBASE/Medline No: 7863870
H. Joachim Burhenne Lecture. Common areas of interest between
interventional biliary radiology and endoscopy.
Soehendra N.
Department of Endoscopic Surgery, University Hospital, Eppendorf,
University of Hamburg, Germany.
CORRESP. AUTHOR/AFFIL: Soehendra N.: Department of Endoscopic Surgery,
University Hospital, Eppendorf, University of Hamburg, Germany.

AJR. American journal of roentgenology (AJR Am J Roentgenol) (United
States) March 1, 1995, 164/3 (547-551)
ISSN: 0361-803X
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

11/3/86 (Item 1 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)
(c) 2010 American Chemical Society. All rts. reserv.

141123169 CA: 141(8)123169z JOURNAL
Johan Frederick Classen - a Danish pioneer
AUTHOR(S): Eichner, Per
LOCATION: Dansk Selskab for Historisk Kemi, Den.
JOURNAL: Dan. Kemi (Dansk Kemi) DATE: 2003 VOLUME: 84 NUMBER: 12
PAGES: 34-35 CODEN: DAKEAT ISSN: 0011-6335 LANGUAGE: Danish
PUBLISHER: TechMedia

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Set	Items	Description
S1	303	(AUTOIMMUN?) (20N) (VACCIN?) (20N) (RISK)
S2	172	RD S1 (unique items)
S3	0	S2 AND CLASSEN
S4	0	S2 AND CDD
S5	0	S2 AND CDC
S6	0	S2 AND (CENTER) (20N) (DISEASE) (20N) (CONTROL)
S7	1391	DIABETES AND RISK AND VACCIN?
S8	28	S7 AND (NATIONAL(W)IMMUNIZATION OR CDC)
S9	16	RD S8 (unique items)
S10	101	CLASSEN
S11	86	RD S10 (unique items)

? t s2/7/21-50

2/7/21 (Item 21 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

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0019885645 BIOSIS NO.: 200700545386

Hepatitis B vaccine and risk of autoimmune thyroid
disease: a Vaccine Safety Datalink study

AUTHOR: Yu Onchee (Reprint); Bohlke Kari; Hanson Christi A; Delaney Kristin
; Rees Thomas G; Zavitskovsky Ann; Ray Paula; Mullooly John; Black Steven
B; Benson Patti; Thompson William W; Davis Robert L; Jackson Lisa A

AUTHOR ADDRESS: Grp Hlth Ctr Hlth Studies, 1730 Minor Ave, Suite 1600,
Seattle, WA 98101 USA**USA

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JOURNAL: Pharmacoepidemiology and Drug Safety 16 (7): p736-745 JUL 2007
2007

ITEM IDENTIFIER: doi:10.1002/pds.1354

ISSN: 1053-8569

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Purpose Hepatitis B vaccine has been postulated as a possible cause of autoimmune disorders, including autoimmune thyroid diseases (ATD). Cases of Graves' disease and Hashimoto's thyroiditis, following hepatitis B vaccine have been reported to the ***Vaccine*** Adverse Events Reporting System (VAERS). To test the hypothesis that hepatitis B vaccine increases the risk of ATD, we conducted a case-control study, within the Vaccine Safety Datalink project. Methods We identified potential cases of Graves' disease and Hashimoto's thyroiditis, among persons aged 18-69 years from administrative data recorded by three health maintenance organizations (HMOs) and verified cases by medical record review. Controls were frequency-matched to cases by birth year, sex, and study site. Vaccine information was collected from administrative records, chart review, and telephone interviews with study subjects. We enrolled 355 Graves' disease cases, 418 Hashimoto's thyroiditis cases, and 1102 controls. We assessed the association between ever-receipt of hepatitis B vaccine, as well as receipt of hepatitis B vaccine less than 1 year, 1-5 years and at least 5 years prior to the index date, and the risk of ATD. Results Ever-receipt of hepatitis B vaccine was not associated with risk of Graves' disease (odds ratio (OR), 0.90; 95% confidence interval (CI), 0.62-1.32) or Hashimoto's thyroiditis (OR, 1.23; 95%CI, 0.87-1.73). There was also no association between the time interval since receipt of hepatitis B vaccination and either outcome. Conclusions We did not observe an increased risk of Graves' disease or Hashimoto's thyroiditis, following receipt of hepatitis B vaccine. Copyright (c) 2006 John Wiley & Sons, Ltd.

2/7/22 (Item 22 from file: 5)

DIALOG(R) File 5: Biosis Previews(R)

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0019687757 BIOSIS NO.: 200700347498

Immunization in children and adolescents with rheumatic diseases

ORIGINAL LANGUAGE TITLE: Impfungen bei rheumatischen Erkrankungen des Kindes-und Jugendalters

AUTHOR: Minden K (Reprint); Niewerth M; Borte M; Singendonk W; Haas J-P

AUTHOR ADDRESS: Deutsch Rheuma Forsch Zentrum Berlin, Otta Heubner Ctr,
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JOURNAL: Zeitschrift fuer Rheumatologie 66 (2): p111-112, 114-118, 120 MAR

2007 2007

ITEM IDENTIFIER: doi:10.1007/s00393-007-0150-z

ISSN: 0340-1855

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: German

ABSTRACT: Vaccinations represent a special problem in children and adolescents with inflammatory rheumatic diseases. There are very limited data on the safety and efficacy of vaccines in these patients, and guidelines for immunization are missing. The immunosuppressive therapy often necessary for these patients gives rise to additional uncertainty. In addition, many colleagues consider vaccination to increase the ***risk*** of relapse of the rheumatic illness. As a consequence, there are substantial variations in practicing vaccination in these patients, resulting in insufficient ***vaccination*** coverage rates. For example, every third patient with juvenile idiopathic arthritis is incompletely vaccinated; this even includes toxoid vaccines for tetanus and diphtheria. The benefit of ***vaccinations***, which far outweighs their potential risks, is well recognized even in patients with ***autoimmune*** diseases. These patients in particular require a special protection from infections due to their immunosuppressive therapies. Therefore, children and adolescents with rheumatic diseases should be immunized according to the Standing Immunization Commission of the Robert Koch Institute recommendations whenever possible. However, the time of vaccination must be carefully selected, taking disease activity and treatment into account.

2/7/23 (Item 23 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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0019463486 BIOSIS NO.: 200700123227

Observation of long-term efficacy and safety of an ATR12181 vaccine against hypertension in SHR

AUTHOR: Zhu Feng (Reprint); Liao Yu-Hua; Li Liudong; Wei Yu-miao; Wang Min; Chen Ming; Wei Fen

AUTHOR ADDRESS: HUST, Union Hosp, Inst Cardiol, Wuhan, Peoples R China**
Peoples R China

JOURNAL: Circulation 114 (18, Suppl. S): p575 OCT 31 2006 2006

CONFERENCE/MEETING: 79th Annual Scientific Session of the
American-Heart-Association Chicago, IL, USA November 12 -15, 2006;
20061112

SPONSOR: Amer Heart Assoc

ISSN: 0009-7322

DOCUMENT TYPE: Meeting; Meeting Abstract

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Background: We have established previously that vaccine-ATR12181 could effectively reduce blood pressure. (BP) and ameliorated the remodeling of target organs of SHR in 5 months, Long-term efficacy and safety are necessary for the vaccine against hypertension. Methods and results: We performed a 16 months long-term observation of the vaccine. Male SHR of 6 weeks age were immunized against the peptide from rat AT(1A) receptor by repeated. subcutaneous injections of peptide-tetanus-toxoid complex in combination with Freund's adjuvant (ATR, n=6). SHR in control group were received 0.9% sodium chloride (Con, n=6). As expect, SHR in ATR group had lower systolic BP than Con group (16(th) month, ATR, 180 +/- 6mmHg; Con, 197 +/- 4mmHg, P < 0.01). Left

ventricular (LV) hypertrophy was significantly attenuated, as evidenced by decreased the heart mass to body mass ratio (ATR, 2.5 +/- 0.1 mg/g; Con, 4.2 +/- 0.2 mg/g, P < 0.01). Vaccine-ATR12181 significantly reduced LV fibrosis (in Fig.1). And damages of glomerulus and interstitial fibrosis in kidneys were attenuated in ATR group compared with Con group (in Fig.1). In addition, wall-to-lumen ratio of mesenteric arteries in ATR group significantly decreased compared with Con group (in Fig.1). Morphological examinations of important organs including heart, kidneys, lungs, brain and liver did not find any signs of autoimmune damages in ATR group and confirmed safety of the ***vaccine***. Conclusion: The results indicated that long-term vaccination with the vaccine -ATR12181 could effectively reduce BP and reverse remodeling of target organs in SHR, meanwhile vaccine-ATR12181 was safe during the long-term antihypertensive therapy.[GRAPHICS]n initial diuretic.[GRAPHICS]ely attributable to multiple characteristics, emphasizing the importance of global risk assessment and risk reduction through primordial prevention.[GRAPHICS]ful prognostic value in HF patients. The data suggest that a quantitative threshold for low-risk for potentially fatal ventricular arrhythmias can be defined.

2/7/24 (Item 24 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0019438921 BIOSIS NO.: 200700098662
Vaccination against the forkhead family transcription factor Foxp3 enhances tumor immunity
AUTHOR: Nair Smita; Boczkowski David; Fassnacht Martin; Pissetsky David; Gilboa Eli (Reprint)
AUTHOR ADDRESS: Univ Miami, Miller Sch Med, POB 019132 M877, Miami, FL 33101 USA**USA
AUTHOR E-MAIL ADDRESS: egilboa@med.miami.edu
JOURNAL: Cancer Research 67 (1): p371-380 JAN 1 2007 2007
ISSN: 0008-5472
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Depletion of CD4(+)CD25(+) regulatory T cells (Treg) by treatment with alpha CD25 antibody synergizes with vaccination protocols to engender protective immunity in mice. The effectiveness of targeting CD25 to eliminate Treg is limited by the fact that CD25, the low-affinity interleukin-2 receptor, is up-regulated on conventional T cells. At present, foxp3 is the only product known to be exclusively expressed in Treg of mice. However, foxp3 is not expressed on the cell surface and hence cannot be targeted with antibodies. In this study, we tested the hypothesis that vaccination of mice against foxp3, a self-antigen expressed also in the thymus, is capable of stimulating foxp3-specific CTL that will cause the depletion of Treg and enhanced antitumor immunity. Vaccination of mice with foxp3 mRNA-transfected dendritic cells elicited a robust foxp3-specific CTL response and potentiated vaccine-induced protective immunity comparably with that of alpha CD25 antibody administration. In contrast to alpha CD25 antibody treatment, repeated foxp3 vaccination did not interfere with vaccine-induced protective immunity. Importantly, foxp3 vaccination led to the preferential depletion of foxp3-expressing Treg in the tumor but not in the periphery, whereas alpha CD25 antibody treatment led to depletion of Treg in both the tumor and the periphery. Targeting foxp3 by vaccination offers a specific and simpler protocol for the prolonged control of Treg that may be associated with reduced risk

of autoimmunity, introducing an approach whereby specific depletion of cells is not limited to targeting products expressed on the cell surface.

2/7/25 (Item 25 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0019425258 BIOSIS NO.: 200700084999
Influenza vaccination of patients with systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA)
AUTHOR: Stojanovich Ljudmila (Reprint)
AUTHOR ADDRESS: Univ Belgrade, Bezhanijka Kosa Univ Med Ctr, Bezanijski put BB, Belgrade 11080, Serbia**Serbia
AUTHOR E-MAIL ADDRESS: ljudmila.stojanovich@rvkds.net
JOURNAL: Clinical & Developmental Immunology 13 (2-4): p373-375 JUN-DEC 2006 2006
ISSN: 1740-2522 (print) 1740-2530 (electronic)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: The role of influenza vaccination in patients suffering from autoimmune diseases, including systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA), has long been a subject of discussion. The ***risk*** of exacerbation of the main disease following vaccination is of particular concern, and needs to be carefully evaluated against the risk of disease flares as a result of infections. Our study included 69 SLE patients and 54 RA patients, all in stable condition. We split the groups into two subgroups each: patients in SLE1 (23 patients) and RA(1) (23 patients) received the flu vaccine ("Vaxigrip", Aventis Pasteur) in November 2003. Patients in SLE2 (46 patients) and RA(2) (31 patients) were not vaccinated. Throughout the following year, we studied parameters of disease activity and the occurrence of viral respiratory and bacterial infections in our patients. The vaccine was well tolerated in all cases. Vaccinated patients had significantly fewer occurrences of infections. Every viral and bacterial infection resulted in the worsening of the main disease. We believe that influenza vaccine is indicated for SLE and RA patients in stable condition. However, this decision must be made on a patient-by-patient basis. We plan to continue our study with the goal of formulating a better protocol for the clinical practice.

2/7/26 (Item 26 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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19418041 BIOSIS NO.: 200700077782
Method of inducing anergic T helper cells
AUTHOR: Anonymous; Suciu-Foca Nicole; Cortesini Raffaello; Liu Zhuoru; Chang Chih-Chao
AUTHOR ADDRESS: New York, NY USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office Patents DEC 5 2006 2006
PATENT NUMBER: US 07144728 PATENT DATE GRANTED: December 05, 2006 20061205
PATENT CLASSIFICATION: 435-325 PATENT ASSIGNEE: The Trustees of Columbia University in the City of New York PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent

RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: This invention also provides a method of generating antigen specific human suppressor CD8+CD28- T cells. This invention further provides a method of generating allopeptide antigen specific human suppressor CD8+CD28- T cells. Methods of treatment for reduction of ***risk*** of rejection of allografts and xenografts and autoimmune diseases using the human suppressor CD8+CD28- T cells so produced are also provided, as are methods of preventing rejection and autoimmune diseases, and ***vaccines*** comprising the produced suppressor T cells. Methods of diagnosis to determine whether a level of immuno-suppressant therapy requires a reduction are provided.

2/7/27 (Item 27 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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19358206 BIOSIS NO.: 200700017947
Methods for isolating molecular mimetics of unique Neisseria meningitidis serogroup B epitopes
AUTHOR: Anonymous; Granoff Dan M; Moe Gregory R
AUTHOR ADDRESS: Berkeley, CA USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents JUN 20 2006 2006
PATENT NUMBER: US 07063949 PATENT DATE GRANTED: June 20, 2006 20060620
PATENT CLASSIFICATION: 435-71 PATENT ASSIGNEE: Chiron Corporation;
Children's Hospital Medical Center of Northern California PATENT COUNTRY:
USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Novel bactericidal antibodies against Neisseria meningitidis serogroup B ("MenB") are disclosed. The antibodies either do not cross-react or minimally cross-react with host tissue polysialic acid and hence pose minimal ***risk*** of ***autoimmune*** activity. The antibodies are used to identify molecular mimetics of unique epitopes found on MenB or E. coli K1. Examples of such peptide mimetics are described that elicit serum antibody capable of activating complement-mediated bacteriolysis of MenB. ***Vaccine*** compositions containing such mimetics can be used to prevent MenB or E. coli K1 disease without the risk of evoking autoantibody.

2/7/28 (Item 28 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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19341460 BIOSIS NO.: 200700001201
NERVE: New Enhanced Reverse Vaccinology Environment
AUTHOR: Vivona Sandro; Bernante Filippo; Filippini Francesco (Reprint)
AUTHOR ADDRESS: Univ Padua, MOLBINFO, Dept Biol, Viale G Colombo 3, I-35131 Padua, Italy**Italy
AUTHOR E-MAIL ADDRESS: sandro@bio.unipd.it; filippob@bio.unipd.it; francesco.filippini@unipd.it
JOURNAL: BMC Biotechnology 6 JUL 18 2006 2006
ISSN: 1472-6750
DOCUMENT TYPE: Article

RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Background: Since a milestone work on Neisseria meningitidis B, Reverse Vaccinology has strongly enhanced the identification of vaccine candidates by replacing several experimental tasks using in silico prediction steps. These steps have allowed scientists to face the selection of antigens from the predicted proteome of pathogens, for which cell culture is difficult or impossible, saving time and money. However, this good example of bioinformatics-driven immunology can be further developed by improving in silico steps and implementing biologist-friendly tools. Results: We introduce NERVE (New Enhanced Reverse Vaccinology Environment), an user-friendly software environment for the in silico identification of the best vaccine candidates from whole proteomes of bacterial pathogens. The software integrates multiple robust and well-known algorithms for protein analysis and comparison. Vaccine candidates are ranked and presented in a html table showing relevant information and links to corresponding primary data. Information concerning all proteins of the analyzed proteome is not deleted along selection steps but rather flows into an SQL database for further mining and analyses. Conclusion: After learning from recent years' works in this field and analysing a large dataset, NERVE has been implemented and tuned as the first available tool able to rank a restricted pool (similar to 8-9% of the whole proteome) of vaccine candidates and to show high recall (similar to 75-80%) of known protective antigens. These vaccine candidates are required to be "safe" (taking into account autoimmunity risk) and "easy" for further experimental, high-throughput screening (avoiding possibly not soluble antigens). NERVE is expected to help save time and money in vaccine design and is available as an additional file with this manuscript; updated versions will be available at <http://www.bio.unipd.it/molbinf>.

2/7/29 (Item 29 from file: 5)
DIALOG(R) File 5: Biosis Previews(R)
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19336618 BIOSIS NO.: 200600682013
Assays and therapies for latent viral infection
AUTHOR: Anonymous; Harley John B; James Judith A; Kaufman Kenneth M
AUTHOR ADDRESS: Oklahoma City, OK USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents JUL 18 2006 2006
PATENT NUMBER: US 07078173 PATENT DATE GRANTED: July 18, 2006 20060718
PATENT CLASSIFICATION: 435-6 PATENT ASSIGNEE: Oklahoma Medical Research
Foundation PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Compositions that bind viral proteins that are specifically expressed during the latent stage of the viral life cycle are disclosed. These compositions bind the latent viral proteins while the viral proteins are expressed in their cellular host, and provide a means for targeting cells that harbor latent virus. In a preferred embodiment the compositions are antibodies which bind the extracellular region of the latent viral protein, most preferably LMP-2A, an EBV latent protein, which are conjugated to a diagnostic or cytotoxic agent or immobilized to a solid support for removal of the infected cells. These antibodies are capable of distinguishing cells expressing EBV DNA from cells which are

not expressing EBV DNA. Compositions that can be used to elicit production of these antibodies, or as a vaccine, are also disclosed. Methods for generating diagnostic or cytotoxic reagents and vaccines based on the viral epitopes that identify cells harboring latent virus are also disclosed. The antibody conjugates can be used in diagnostic assays to identify cells expressing latent viral protein and people who are harboring latent viral particles. The antibody conjugates can also be used to remove the infected cells or to kill the infected cells. Alternatively, or in addition, the viral proteins or portions thereof can be used as a vaccine to induce an immune reaction by the host to kill the infected cells. These methods can be used to detect or treat patients harboring latent viruses like EBV and who are at risk of developing a disease such as an autoimmune disease like systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA).

2/7/30 (Item 30 from file: 5)
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18680737 BIOSIS NO.: 200600026132
Vaccine safety controversies and the future of vaccination programs
AUTHOR: Francois Guido (Reprint); Duclos Philippe; Margolis Harold;
Lavanchi Daniel; Siegrist Claire-Anne; Meheus Andr; Lambert Paul-Henri;
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JOURNAL: Pediatric Infectious Disease Journal 24 (11): p953-961 NOV 2005
2005
ISSN: 0891-3668
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: In the years following the hepatitis B vaccination/multiple sclerosis controversy, a number of new issues regarding vaccine safety have been raised, in some cases leading to more debate and confusion. Against this background, an international group of experts was convened to review the current points of view concerning the use of thimerosal as a preservative and its potential risks; the suggested link between thimerosal-containing vaccines and acute lymphoblastic leukemia; the alleged association between aluminum-containing, vaccines /macrophagic myofasciitis and general systemic complaints; a possible link between vaccination and autoimmune pathology; and a hypothetical link between measles-mumps-rubella vaccination and autism. At present, there are no data to conclude that childhood vaccines, and in particular hepatitis B vaccine, pose a serious health risk or justify a change in current immunization practice. However, vaccine "scares" continue to have an international impact on immunization coverage. Creating a positive environment for immunization can be achieved by repositioning the value of vaccines and vaccination, supported by evidence-based information. The role of international organizations, the media, and the industry in the implementation of communication strategies was discussed and the impact of litigation issues on vaccination was evaluated. The Viral Hepatitis Prevention Board confirms its commitment to current recommendations for universal and risk group hepatitis B vaccination and further encourages the conduct of vaccine safety studies and the dissemination of their results.

2/7/31 (Item 31 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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18675299 BIOSIS NO.: 200600020694
Dendritic cell vaccines and immunity in glioma patients
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JOURNAL: Frontiers in Bioscience 10 (Suppl. S): p2861-2881 SEP 1 2005 2005
ISSN: 1093-9946
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: The dismal prognoses suffered by malignant primary brain tumor (glioma) patients remain unchanged over the past two decades despite significant improvements in the treatment of distinct tumors. Immunotherapy, and vaccine therapy in particular, represents a promising experimental approach to treat malignant gliomas, but major challenges still remain to render ***vaccination*** clinically effective. These challenges include diminishing the risk of pathologic autoimmunity, and identifying the cellular basis of clinical ***vaccine*** benefits. Addressing such challenges should eventually help increase the proportion of patients experiencing clinical vaccine benefits. Recent studies in glioma patients have characterized tumor antigens on human gliomas, identified some of the immune cells involved in beneficial anti-glioma immunity, and examined how gliomas may be altered by sub-lethal immune influences. This has provided a glimpse of the strength to which immunity influences glioma clinical outcome, and resurrects hope that clinically effective vaccines to treat these tumors is within reach. Insight into the complex dynamics of immune-tumor interactions promises to extend this reach by delineating mechanisms of immune synergy with other forms of treatment.

2/7/32 (Item 32 from file: 5)
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18508911 BIOSIS NO.: 200510203411
Infection, vaccines and other environmental triggers of autoimmunity
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JOURNAL: AUTOIMMUNITY 38 (3): p235-245 MAY 2005 2005
ISSN: 0891-6934
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: The etiology of autoimmune diseases is still not clear but genetic, immunological, hormonal and environmental factors are considered to be important triggers. Most often autoimmunity is not followed by clinical symptoms unless an additional event such as an environmental factor favors an overt expression. Many environmental factors are known to affect the immune system and may play a role as triggers of the

autoimmune mosaic. Infections: bacterial, viral and parasitic infections are known to induce and exacerbate autoimmune diseases, mainly by the mechanism of molecular mimicry. This was studied for some syndromes as for the association between SLE and EBV infection, pediatric autoimmune neuropsychiatric disorders associated with streptococcal infection and more. ***Vaccines***, in several reports were found to be temporally followed by a new onset of ***autoimmune*** diseases. The same mechanisms that act in infectious invasion of the host, apply equally to the host response to ***vaccination***. It has been accepted for diphtheria and tetanus toxoid, polio and measles ***vaccines*** and GBS. Also this theory has been accepted for MMR vaccination and development of autoimmune thrombocytopenia, MS has been associated with HBV ***vaccination***. Occupational and other chemical exposures are considered as triggers for ***autoimmunity***. A debate still exists about the role of silicone implants in induction of scleroderma like disease. Not only foreign chemicals and agents have been associated with induction of autoimmunity but also an intrinsic hormonal exposure, such as estrogens. This might explain the sexual dimorphism in autoimmunity. Better understanding of these environmental ***risk*** factors will likely lead to explanation of the mechanisms of onset and progression of autoimmune diseases and may lead to effective preventive involvement in specific high-risk groups. So by diagnosing a new patient with autoimmune disease a wide anamnesis work should be done.

2/7/33 (Item 33 from file: 5)
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18250311 BIOSIS NO.: 200500156483
Enhancement of DNA vaccine potency by linkage of Plasmodium falciparum malarial antigen gene fused with a fragment of HSP70 gene
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JOURNAL: Vaccine 23 (9): p1114-1125 January 19, 2005 2005
MEDIUM: print
ISSN: 0264-410X (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Finding an appropriate adjuvant for human vaccination is crucial. HSPs have been shown to act as adjuvants when coadministered with peptide antigens or given as fusion proteins. However, there is a potential risk of autoimmunity when using the complete molecules because HSPs are evolutionary conserved. To overcome this, we first evaluated the adjuvant effect of a less conserved fragment of Plasmodium falciparum HSP70 (Pf70C) as compared it to that of the whole HSP70 molecule from Trypanosoma cruzi (TcHSP70). We found that Pf70C exhibited similar adjuvant properties as the whole molecule. We then evaluated the adjuvant potential of Pf70C for the malarial antigen EB200 in a chimeric DNA construct. No appreciable levels of EB200 specific antibodies were detected in mice immunized with the DNA constructs only. However, the DNA immunization efficiently primed the immune system, as indicated by the strong Th-1 antibody response elicited by a subsequent boosting with the corresponding recombinant fusion proteins. In contrast, while no such priming effect was observed for ex vivo IFN-gamma production, stimulation with the HSP chimeric fusion protein induced an

enhanced secretion of IFN-gamma in vitro as compared to other proteins used. Our results emphasize the potential of HSPs as adjuvants in subunit vaccines. Copyright 2004 Elsevier Ltd. All rights reserved.

2/7/34 (Item 34 from file: 5)
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18062769 BIOSIS NO.: 200400433558
Detection of antinuclear and antilaminin antibodies in autistic children who received thimerosal-containing vaccines
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AUTHOR ADDRESS: Dept Biol, Utah State Univ, Biotechnol Ctr Bldg, UMC 4700, Logan, UT, 84322, USA**USA
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JOURNAL: Journal of Biomedical Science 11 (5): p607-610 2004 2004
MEDIUM: print
ISSN: 1021-7770
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Autism, a neurodevelopmental disorder, may involve ***autoimmune*** pathogenesis. Since mercury is potentially a ***risk*** factor for autoimmunity, we conducted a study of mercury-induced antinuclear and antilaminin antibodies in autistic and normal children who had been pre-administered with thimerosal-containing ***vaccines***. Laboratory analysis by different immunoassays showed that the serum level of these two autoimmune markers did not significantly differ between autistic and normal children. This finding suggests that the mercury as in thimerosal-containing vaccines is likely not related to ***autoimmune*** phenomenon in autism. Copyright (C) 2004 National Science Council, ROC and S. Karger AG, Basel.

2/7/35 (Item 35 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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18012982 BIOSIS NO.: 200400383771
Autoimmunity induced by adjuvant hydrocarbon oil components of vaccine
AUTHOR: Kuroda Yoshiki; Nacionales Dina C; Akaogi Jun; Reeves Westley H; Satoh Minoru (Reprint)
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JOURNAL: Biomedicine & Pharmacotherapy 58 (5): p325-337 June 2004 2004
MEDIUM: print
ISSN: 0753-3322 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Adjuvant oils such as Bayol F (Incomplete Freund's adjuvant: IFA) and squalene (MF59) have been used in human and veterinary vaccines despite poor understanding of their mechanisms of action. Several reports suggest an association of vaccination and various autoimmune diseases, however, few were confirmed epidemiologically and the risk of vaccination for autoimmune diseases has been considered minimal. Microbial components, not the adjuvant components,

are considered to be of primary importance for adverse effects of
vaccines. We have reported that a single intraperitoneal injection
of the adjuvant oils pristane, IFA or squalene induces lupus-related
autoantibodies to nRNP/Sm and -Su in non- ***autoimmune*** BALB/c mice.
Induction of these autoantibodies appeared to be associated with the
hydrocarbon's ability to induce IL-12 IL-6, and TNF-alpha. suggesting a
relationship with hydrocarbon's adjuvanticity. Whether this is relevant
in human vaccination is a difficult issue due to the complex
effects of vaccines and the fact that immunotoxicological effects
vary depending on species, route, dose, and duration of administration.
Nevertheless, the potential of adjuvant hydrocarbon oils to induce
autoimmunity has implications in the use of oil adjuvants in human
and veterinary ***vaccines*** as well as basic research. Copyright 2004
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2/7/36 (Item 36 from file: 5)
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18011490 BIOSIS NO.: 200400382279
Maturation of dendritic cells by bacterial immunomodulators
AUTHOR: Spisek Radek (Reprint); Brazova Jitka; Rozkova Daniela; Zapletalova
Katerina; Sediva Anna; Bartunkova Jirina
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JOURNAL: Vaccine 22 (21-22): p2761-2768 July 29, 2004 2004
MEDIUM: print
ISSN: 0264-410X (ISSN print)
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RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Dendritic cells (DC) become fully functional upon maturation by
various stimuli. We tested whether an immunostimulatory effect of
clinically used immunomodulators (Luivac(R), Biostim(R), Ribomunyl(R),
Imudon(R), Bronchovaxom(R)) is caused by direct DC activation. We found
that Luivac(R), Biostim(R) and Ribomunyl(R) have a very high DC
stimulatory potential in vitro. The level of DC activation was comparable
or higher than DC maturation induced by standard maturation stimuli, Poly
(I:C) or lipopolysaccharide. Treated DC had activated phenotype, reduced
phagocytic activity and they induced the proliferation of allogeneic T
lymphocytes. These results are important for understanding the physiology
of action of these widely prescribed agents. Administration of bacterial
immunomodulators should be considered with care to avoid the potential
risk of inducing an ***autoimmune*** disease. They could also be
used as well-defined maturing agents in the protocols used for the ex
vivo production of DC-based ***vaccines*** for clinical trials. Copyright
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2/7/37 (Item 37 from file: 5)
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17954391 BIOSIS NO.: 200400325155
Methods for generating tolerogenic antigen presenting cells
AUTHOR: Suciu-Foca Nicole (Reprint); Cortesini Raffaello; Liu Zhuoru; Chang
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JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents 1284 (1): July 6, 2004 2004
MEDIUM: e-file
PATENT NUMBER: US 6759239 PATENT DATE GRANTED: July 06, 2004 20040706
PATENT CLASSIFICATION: 435-325 PATENT ASSIGNEE: The Trustees of Columbia
University in the City of New York PATENT COUNTRY: USA
ISSN: 0098-1133 (ISSN print)
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: This invention provides a method of generating antigen specific
allospecific human suppressor CD8+CD28- T cells. This invention also
provides a method of generating xenospecific human suppressor CD8+CD28- T
cells. This invention further provides a method of generating allopeptide
antigen specific human suppressor CD8+CD28- T cells. Methods of treatment
for reduction of risk of rejection of allografts and xenografts and
autoimmune diseases using the human suppressor CD8+CD28- T cells so
produced are also provided, as are methods of preventing rejection and
autoimmune diseases, and vaccines comprising the produced
suppressor T cells. Methods of diagnosis to determine whether a level of
immuno-suppressant therapy requires a reduction are provided.

2/7/38 (Item 38 from file: 5)
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17845110 BIOSIS NO.: 200400212743
Autoimmunity, environmental exposure and vaccination: Is there a link?
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JOURNAL: Toxicology 196 (3): p211-216 15 March, 2004 2004
MEDIUM: print
ISSN: 0300-483X (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Although the wide clinical experience shows that vaccines
are generally safe, concern has been expressed for a causal link between
vaccines and ***autoimmune*** diseases. Even though the mechanisms
of autoimmunity are ill-elucidated, the role of pre-existing
risk factors including genetic predisposition and environmental
factors is largely accepted. The present study was undertaken to test the
hypothesis that vaccines can promote autoimmunity in
genetically-prone individuals when simultaneously exposed to a chemical
known to induce ***autoimmune*** reactions. Female lupus-prone (NZBXNZW)
F1 mice were given 1 mug or 10 mug of a hepatitis B vaccine at
2-week intervals in conjunction with 40 mug of mercuric chloride three
times per week for 6 weeks. A marked increase in serum IgG levels and a
slight increase in anti-nuclear autoantibody (ANA) levels were seen in
the mice given 10 mug of the ***vaccine*** plus mercuric chloride. No
straightforward conclusion can be drawn from these results because of the
extreme experimental conditions of this study. Nevertheless, the results
tend to support the hypothesis that vaccination could enhance the
risk of autoimmunity in genetically susceptible individuals
when exposed to certain environmental chemicals.

2/7/39 (Item 39 from file: 5)
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17805064 BIOSIS NO.: 200400175821

An effective second-generation outer surface protein A-derived Lyme vaccine that eliminates a potentially autoreactive T cell epitope.

AUTHOR: Willett Theresa A; Meyer Abbie L; Brown Eric L; Huber Brigitte T
(Reprint)

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JOURNAL: Proceedings of the National Academy of Sciences of the United States of America 101 (5): p1303-1308 February 3, 2004 2004

MEDIUM: print

ISSN: 0027-8424 (ISSN print)

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: The antigenic component of a common Lyme disease vaccine is recombinant outer surface protein A (rOspA) of *Borrelia burgdorferi* (Bb), the causative agent of Lyme disease. Coincidentally, patients with chronic, treatment-resistant Lyme arthritis develop an immune response against OspA, whereas those with acute Lyme disease usually do not. Treatment-resistant Lyme arthritis occurs in a subset of Lyme arthritis patients and is linked to HLA.DRB1*0401 (DR4) and related alleles. Recent work from our laboratory identified T cell crossreactivity between epitopes of OspA and lymphocyte function-associated antigen lalphaL chain (LFA-lalphaL) in these patients. We generated a form of rOspA, FTK-OspA, in which the LFA-lalphaL/rOspA crossreactive T cell epitope was mutated to reduce the possible risk of autoimmunity in genetically susceptible individuals. FTK-OspA did not stimulate human or mouse DR4-restricted, WT-OspA-specific T cells, whereas it did stimulate antibody responses specific for WT-OspA that were similar to mice ***vaccinated*** WT-OspA. We show here that the protective efficacy of FTK-OspA is indistinguishable from that of WT-OspA in vaccination trials, as both C3H/HeJ and BALB/c FTK-OspA-vaccinated mice were protected from Bb infection. These data demonstrate that this rOspA-derived vaccine lacking the predicted cross-reactive T cell epitope, but retaining the capacity to elicit antibodies against infection, is effective in generating protective immunity.

2/7/40 (Item 40 from file: 5)
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17778108 BIOSIS NO.: 200400144769

Vaccination-induced autoimmune vitiligo is a consequence of secondary trauma to the skin.

AUTHOR: Lane Cecilia; Leitch Jaina; Tan Xiaohua; Hadjati Jamishid; Bramson Jonathan L; Wan Yonghong (Reprint)

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JOURNAL: Cancer Research 64 (4): p1509-1514 February 15, 2004 2004

MEDIUM: print

ISSN: 0008-5472 (ISSN print)

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RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: A major concern for cancer vaccines targeting self-tumor antigens is the ***risk*** of ***autoimmune*** sequelae. Although antitumor immunity correlates with autoimmune disease in some preclinical models, the mechanism(s) linking antitumor immunity and subsequent ***autoimmune*** pathology remain(s) to be determined. In the current study, we demonstrated that intradermal (i.d.) immunization with a recombinant adenovirus (Ad) expressing the murine melanoma antigen tyrosinase-related protein 2 (AdmTrp-2) results in a moderate level of tumor protection against the B16F10 murine melanoma without any vitiligo. Similar immunization with an Ad encoding human Trp-2 (AdhTrp-2) resulted in 50-fold greater protective immunity and produced vitiligo in all of the mice, suggesting that the development of autoimmunity may reflect the potency of the vaccine. Interestingly, delivery of AdhTrp-2 by i.m. injection generated protective immunity comparable with that seen in mice that received the vaccine by the i.d. route, but none of the recipients in the i.m. group developed vitiligo. The cellular and humoral responses in the i.m. immunized mice were greater than in the i.d. group; therefore, the lack of vitiligo was not caused by reduced efficacy of the vaccine. These results led us to hypothesize that vaccine-induced vitiligo was associated with local inflammatory responses. Mice immunized i.m. with AdhTrp-2 did develop vitiligo when they subsequently were injected i.d. with either a control Ad vector or complete Freund's adjuvant, suggesting that vitiligo is initiated by some form of trauma within the skin. Our data demonstrated that autoimmune pathology is not an unavoidable outcome of effective cancer vaccines directed against self-tumor antigens.

2/7/41 (Item 41 from file: 5)
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17750112 BIOSIS NO.: 200400120869
Risk factors of multiple sclerosis: A case-control study.
AUTHOR: Zorzon M (Reprint); Zivadinov R; Nasuelli D; Dolfini P; Bosco A; Bratina A; Tommasi M A; Locatelli L; Cazzato G
AUTHOR ADDRESS: Department of Clinical Medicine and Neurology, Clinical Neurology Unit, Cattinara Hospital, University of Trieste, Strada di Fiume 447, I-34149, Trieste, Italy**Italy
JOURNAL: Neurological Sciences 24 (4): p242-247 November 2003 2003
MEDIUM: print
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DOCUMENT TYPE: Article
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LANGUAGE: English

ABSTRACT: We assessed the risk of multiple sclerosis (MS) associated with a series of putative risk factors. We studied 140 patients (90 women) with MS (mean age, 42.1 years; SD=10.2 years; disease duration, 10.9 years, SD=7.5 years) and 131 sex- and age-matched controls. Using a structured questionnaire, we collected information related to demographic data, socio-economic status, education, ethnicity, changes of domiciles, migration, occupation, environmental, nutritional and hormonal factors, exposure to various bacterial and viral agents, vaccinations, and family history of diseases. In multiple logistic regression analysis, we found independent risk factors of MS to be: familiarity for MS (OR=12.1; 95% CI, 1.3-110.7), ***autoimmune*** diseases (OR=3.8; 95% CI, 2.0-7.1) and migraine (OR=8.7; 95% CI, 1.0-75.4); comorbidity with

autoimmune disease (OR=6.8; 95% CI, 1.4-32.0) and migraine (OR=13.5; 95% CI, 1.5-116.6); and ***vaccination*** against measles (OR=92.2; 95%, 12.1-700.2). Familial susceptibility to MS, autoimmune diseases and migraine, and vaccination to measles are associated with an increased ***risk*** of MS. The data collected in this study are confirmatory and support the hypothesis that etiology of MS constitutes the effect of interplay between genetic and environmental ***risk*** factors. However, the relatively small number of cases and controls prevents firm conclusions.

2/7/42 (Item 42 from file: 5)
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17741374 BIOSIS NO.: 200400111080
Generation of antigen specific T suppressor cells for treatment of rejection
AUTHOR: Suciu-Foca Nicole (Reprint)
AUTHOR ADDRESS: Cliffside Park, NJ, USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents 1277 (4): Dec. 23, 2003 2003
MEDIUM: e-file
PATENT NUMBER: US 6667175 PATENT DATE GRANTED: December 23, 2003 20031223
PATENT CLASSIFICATION: 435-325 PATENT ASSIGNEE: The Trustees of Columbia University PATENT COUNTRY: USA
ISSN: 0098-1133 (ISSN print)
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: This invention provides a method of generating antigen specific allospecific human suppressor CD8+CD28- T cells. This invention also provides a method of generating xenospecific human suppressor CD8+CD28- T cells. This invention further provides a method of generating allopeptide antigen specific human suppressor CD8+CD28- T cells. Methods of treatment for reduction of risk of rejection of allografts and xenografts and autoimmune diseases using the human suppressor CD8+CD28- T cells so produced are also provides, as are methods of preventing rejection and autoimmune diseases, and vaccines comprising the produced suppressor T cells. Methods of diagnosis to determine whether a level of immuno-suppressant therapy requires a reduction are provided.

2/7/43 (Item 43 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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17694113 BIOSIS NO.: 200400064870
Vaccination and autoimmune disease: What is the evidence?
AUTHOR: Wraith David C (Reprint); Goldman Michel; Lambert Paul-Henri
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JOURNAL: Lancet (North American Edition) 362 (9396): p1659-1666 November 15, 2003 2003
MEDIUM: print
ISSN: 0099-5355 (ISSN print)
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: As many as one in 20 people in Europe and North America have some form of autoimmune disease. These diseases arise in genetically predisposed individuals but require an environmental trigger. Of the many potential environmental factors, infections are the most likely cause. Microbial antigens can induce cross-reactive immune responses against self-antigens, whereas infections can non-specifically enhance their presentation to the immune system. The immune system uses fail-safe mechanisms to suppress infection-associated tissue damage and thus limits ***autoimmune*** responses. The association between infection and autoimmune disease has, however, stimulated a debate as to whether such diseases might also be triggered by ***vaccines***. Indeed there are numerous claims and counter claims relating to such a ***risk***. Here we review the mechanisms involved in the induction of autoimmunity and assess the implications for ***vaccination*** in human beings.

2/7/44 (Item 44 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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17618169 BIOSIS NO.: 200300586888
Molecular mimetics of unique Neisseria meningitidis serogroup B epitopes
AUTHOR: Granoff Dan M (Reprint); Moe Gregory R
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents 1276 (1): Nov. 4, 2003 2003
MEDIUM: e-file
PATENT NUMBER: US 6642354 PATENT DATE GRANTED: November 04, 2003 20031104
PATENT CLASSIFICATION: 530-300 PATENT ASSIGNEE: Chiron Corporation;
Children's Hospital Medical Center of Northern California PATENT COUNTRY:
USA
ISSN: 0098-1133 (ISSN print)
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Novel bactericidal antibodies against Neisseria meningitidis serogroup B ("MenB") are disclosed. The antibodies either do not cross-react or minimally cross-react with host tissue polysialic acid and hence pose minimal ***risk*** of ***autoimmune*** activity. The antibodies are used to identify molecular mimetics of unique epitopes found on MenB or E. coli K1. Examples of such peptide mimetics are described that elicit serum antibody capable of activating complement-mediated bacteriolysis of MenB. ***Vaccine*** compositions containing such mimetics can be used to prevent MenB or E. coli K1 disease without the risk of evoking autoantibody.

2/7/45 (Item 45 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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17571097 BIOSIS NO.: 200300525994
A NEW ROUTE FOR THERAPEUTIC INTERVENTION: TOPICAL VACCINATION FOR ACUTE AND CHRONIC GLAUCOMA
AUTHOR: Bakalash S (Reprint); Ben Simon G (Reprint); Schwartz M (Reprint)
AUTHOR ADDRESS: Neurobiology, weizmann institute of science, Rehovot, Israel**Israel
JOURNAL: ARVO Annual Meeting Abstract Search and Program Planner 2003 p Abstract No. 2151 2003 2003
MEDIUM: cd-rom

CONFERENCE/MEETING: Annual Meeting of the Association for Research in Vision and Ophthalmology Fort Lauderdale, FL, USA May 04-08, 2003; 20030504

SPONSOR: Association for Research in Vision and Ophthalmology

DOCUMENT TYPE: Meeting; Meeting Abstract; Meeting Poster

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Purpose: To determine the optimal route and dosage of Cop-1 vaccination for protection of retinal ganglion cells (RGCs) from death caused by high intraocular pressure (IOP) in acute and chronic rat models of glaucoma, a chronic neurodegenerative disease of the optic nerve. Poly-EY, a copolymer of glutamate and tyrosine, was also tested. Methods: IOP in rats was elevated by argon laser photocoagulation of the episcleral and limbal veins (chronic model) or by infusion (1 hour) of normal saline (0.9%) into the anterior chamber via a 30-gauge needle (acute model). IOP was measured using a Tono-Pen tonometer (XL, Mentorinverted question mark). Cop-1, poly-EY, or PBS (control) was administered at different time intervals, dosages, and routes. IOP-generated damage was assessed after 1 or 2 weeks (acute model) and after 3 weeks (chronic model) by retrograde labeling of viable RGCs with rhodamine dextran. Results: Nerve damage in both models was reduced by Cop-1 or poly-EY vaccination. In the acute model, Cop-1 in complete Freund's adjuvant (CFA) reduced RGC death from 45.7%±8.2% (control) to 12.6%±4.9% (P<0.0001). This effect persisted even when high IOP lasted for 12 weeks (57.2%±6.3% versus 33.7%±2.4, respectively, P<0.001). Subcutaneous immunization of each polymer without adjuvant also reduced RGC death. In the acute model, a single topical vaccination (corrected for dosage) induced neuroprotection as effectively as other administration routes (RGC death was 31.5%±4.7% with poly EY, 31.0%±3.2% with Cop-1, and 58.6%±7.5% in control; P<0.001). Vaccination of T cell-deprived rats was ineffective, supporting the notion that the protection is immune mediated. Conclusions: In rat models of acute and chronic glaucoma, RGC protection is immune mediated and can be obtained by ***vaccination*** with or without adjuvant. ***Vaccination*** is effective even if delayed, and has a long-lived effect despite persistence of pressure-induced degeneration. ***Vaccinating*** with compounds such as Cop-1 and YE without adjuvant obviates the risk of ***autoimmune*** disease induction. Topical immunization represents a unique mode of therapy for eye-related and possibly also other neurodegenerative diseases.

2/7/46 (Item 46 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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17509546 BIOSIS NO.: 200300465157

A translational bridge to cancer immunotherapy: Exploiting costimulation and target antigens for active and passive T cell immunotherapy.

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JOURNAL: Immunologic Research 27 (2-3): p341-355 2003 2003

MEDIUM: print

ISSN: 0257-277X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Building on significant advances in basic tumor immunology over the past decade, current translational efforts to develop novel antitumor T cell therapeutics continue to accelerate. Both passive T cell immunotherapy (e.g., adoptive T cell transfusions) and active immunotherapy (e.g., ***vaccination***) may eventually become part of the arsenal to treat cancer. Successful approaches will need to repair host immunoincompetence in T cell function, circumvent immunosuppressive factors of the tumor microenvironment, and optimize target antigens with regard to clinical applicability, autoimmunity, and risk of antigen mutation. Here, we characterize two model systems for the ex vivo activation and expansion of human T lymphocytes and describe the potential for providing broadly applicable antitumor specificity by targeting universal tumor antigens. Polyclonal CD4+ T lymphocytes can be activated and expanded using anti-CD3 and anti-CD28 antibodies presented on magnetic beads, and CD8+ T lymphocytes can be successfully expanded using a novel genetically engineered cell-based technology that presents anti-CD3 and anti-CD28 along with the costimulatory molecule CD137 (4-1BBL). As the prototypical and best-described universal tumor antigen, the human telomerase reverse transcriptase hTERT is vastly overexpressed in human tumors but absent in most normal tissues. Cytotoxic T lymphocytes (CTL) recognize peptides derived from hTERT and kill hTERT-positive tumor cells of multiple histologies. Phase I trials translating these discoveries to novel active and passive T cell therapies have been initiated, with an eye toward combining these strategies once safety is established.

2/7/47 (Item 47 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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17451908 BIOSIS NO.: 200300420627

Antigenic specificity of immunoprotective therapeutic vaccination for glaucoma.

AUTHOR: Bakalash Sharon; Kessler Anat; Mizrahi Tal; Nussenblatt Robert; Schwartz Michal (Reprint)

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JOURNAL: IOVS 44 (8): p3374-3381 August 2003 2003

MEDIUM: print

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: PURPOSE: To investigate the antigenic specificity of the immune neuroprotective mechanism that can protect retinal ganglion cells (RGCs) against death caused by high intraocular pressure (IOP). METHODS: A unilateral increase in IOP was induced in rats by argon laser photocoagulation of the episcleral veins and limbal plexus. Rats with high IOP were immunized with glatiramer acetate (Cop-1, a synthetic copolymer) or with myelin-derived or uveitogenic peptides. When the steroid drug methylprednisolone was used, it was administered intraperitoneally every other day for 12 days. RESULTS: Vaccination with myelin-derived peptides that reside in the axons failed to protect RGCs from death caused by high IOP. In contrast, IOP-induced RGC loss was reduced by vaccination with R16, a peptide derived from interphotoreceptor retinoid-binding protein, an immunodominant antigen residing in the eye. The benefit of protection against IOP-induced RGC loss outweighed the cost of the monophasic experimental autoimmune uveitis (EAU) that transiently developed in a susceptible rat strain.

Treatment with methylprednisolone alleviated the disease symptoms, but caused further loss of RGCs. Cop-1 vaccination was effective in both EAU-resistant and EAU-susceptible strains. CONCLUSIONS: To benefit damaged neurons, immune neuroprotection should be directed against immunodominant antigens that reside in the site of damage. In a rat model of high IOP, RGCs can benefit from vaccination with peptides derived from proteins that are immunodominant in the eye but not from myelin-associated proteins. This suggests that the site of primary degeneration in IOP-induced RGC loss is in the eye. Cop-1 vaccination apparently circumvents the site-specificity barrier and provides protection without risk of inducing autoimmune disease.

2/7/48 (Item 48 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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17183212 BIOSIS NO.: 200300141931

Protective autoimmunity for tissue repair: Tissue-specific protective antigens are identical to pathogenic self-antigens affecting the same tissue.

AUTHOR: Schwartz M (Reprint)

AUTHOR ADDRESS: Weizmann Institute of Science, Rehovot, Israel**Israel

JOURNAL: ARVO Annual Meeting Abstract Search and Program Planner 2002 p Abstract No. 5 2002 2002

MEDIUM: cd-rom

CONFERENCE/MEETING: Annual Meeting of the Association For Research in Vision and Ophthalmology Fort Lauderdale, Florida, USA May 05-10, 2002; 20020505

DOCUMENT TYPE: Meeting; Meeting Abstract

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Protective autoimmunity refers to a new concept that differs from the traditional view of autoimmunity as harmful, i.e., causing an autoimmune disease unless suppressed. We showed that CNS insults (e.g., optic nerve injury) evoke an antigen-specific, T-cell-mediated autoimmune response which, if suitably regulated, protects against injury-induced self-destructive compounds and can be boosted. We suggest that a self-antigen which is pathogenic in an autoimmune disease affecting a particular tissue is potentially self-protective of that tissue. Thus, retinal ganglion cells exposed to glutamate toxicity may benefit from the protection elicited by peptides derived from IRBP, the active pathogenic protein in uveitis, an ocular ***autoimmune*** disease. We therefore view these "self-pathogenic" antigens (or their peptide derivatives), if suitably modified to retain their antigenic activity without risk of pathogenicity, as potential vaccines for protection of the tissue from pathogen-free insults (e.g. oxidative stress, ***autoimmune*** disease mechanical trauma). Our findings thus favor immunomodulation rather than immunosuppression for the treatment of degenerative disorders, in order to boost protection without risking an ***autoimmune*** disease.

2/7/49 (Item 49 from file: 5)
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17116292 BIOSIS NO.: 200300075011

Therapeutic vaccination for spinal cord injury: Helping the body to cure

itself.

AUTHOR: Hauben Ehud; Schwartz Michal (Reprint)
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JOURNAL: Trends in Pharmacological Sciences 24 (1): p7-12 January 2003
2003
MEDIUM: print
ISSN: 0165-6147
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Inflammation is thought to exacerbate the outcome of spinal cord injury. However, our findings have led us to view inflammation as a healing response that needs the help of a systemic immune response mediated by T helper 1 (Th1) cells that are specific to the abundant antigens residing in the lesion site. Strains differ in their ability to manifest, at the right time and intensity, a spontaneous T-cell response to antigens at the lesion site and therefore in their ability to generate a local inflammatory response whose outcome is beneficial (maintenance and repair). All strains, however, can benefit from immune intervention that boosts and regulates the inflammatory response. Because recovery comprises multi-step processes, pharmacological intervention will be less effective than well-synchronized, self-healing immune activity. Risk-free neuroprotective intervention might be achieved by post-traumatic vaccination with a weak, non-pathogenic, auto-antigen, causing autoimmune T cells to home to the lesion site where they become activated and therefore activate local phagocytic cells to remove hostile elements and provide growth factors.

2/7/50 (Item 50 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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16923412 BIOSIS NO.: 200200516923
Prospects for therapeutic vaccination with glatiramer acetate for neurodegenerative diseases such as Alzheimer's disease
AUTHOR: Schwartz Michal (Reprint); Kipnis Jonathan
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JOURNAL: Drug Development Research 56 (2): p143-149 June; 2002 2002
MEDIUM: print
ISSN: 0272-4391
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Neurodegenerative diseases, whatever their primary causes, are characterized by certain common features, one of which is their self-perpetuating nature. The ongoing progression of the disorder is due to the effects of destructive self-compounds, whose presence in the tissues is an outcome of the early phase of the disease and which gradually destroy remaining functional neurons. Studies in our laboratory have led to the recent formulation of a novel concept of protective autoimmunity as the body's mechanism of defense against these destructive self-compounds. This autoimmune response to central nervous system (CNS) insults is mediated by T-cells and presumably operates by activating and regulating local microglia and infiltrating macrophages (inflammatory response) to carry out their function of clearing destructive material

from the tissue at risk. We suggest that a well-controlled autoimmunity counteracts and overcomes the destructive effects of the potentially harmful self-compounds, at the cost of some loss of tissue. An additional risk to the individual is the induction of an autoimmune disease, which is likely to occur if the autoimmune response is malfunctioning. An optimal balance of the various factors will lead to an outcome of maximal benefit at minimal cost to the tissue. A procedure for safely boosting the autoimmune response, by vaccination with a weak self-crossreactive antigen such as glatiramer acetate (also known as Cop-1) was found to protect rats from glutamate toxicity, a major mediator of the spread of damage and a well-known causative factor in neurodegenerative disorders. Cop-1, when administered according to a different regimen, is an FDA-approved drug for the treatment of multiple sclerosis. Different formulations of the same drug can therefore be used to treat two extreme manifestations of chronic degenerative diseases of the CNS.

? ds

Set	Items	Description
S1	303	(AUTOIMMUN?) (20N) (VACCIN?) (20N) (RISK)
S2	172	RD S1 (unique items)
S3	0	S2 AND CLASSEN
S4	0	S2 AND CDD
S5	0	S2 AND CDC
S6	0	S2 AND (CENTER) (20N) (DISEASE) (20N) (CONTROL)
S7	1391	DIABETES AND RISK AND VACCIN?
S8	28	S7 AND (NATIONAL(W) IMMUNIZATION OR CDC)
S9	16	RD S8 (unique items)
S10	101	CLASSEN
S11	86	RD S10 (unique items)
? s (autoimmun? or diabetes) (30n) (risk) and (child or neonat? or childhood) (20n) (vaccin?)		
	377630	AUTOIMMUN?
	1087935	DIABETES
	3171323	RISK
	157203	(AUTOIMMUN? OR DIABETES) (30N) RISK
	3144137	CHILD
	527009	NEONAT?
	410216	CHILDHOOD
	730491	VACCIN?
	35696	((CHILD OR NEONAT?) OR CHILDHOOD) (20N) VACCIN?
S12	95	(AUTOIMMUN? OR DIABETES) (30N) (RISK) AND (CHILD OR NEONAT? OR CHILDHOOD) (20N) (VACCIN?)
? rd s12		
	S13	65 RD S12 (unique items)
? t s13/7/all		

13/7/1 (Item 1 from file: 5)

DIALOG(R) File 5: Biosis Previews(R)

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0020368717 BIOSIS NO.: 200800415656

Breastfeeding during maintenance azathioprine treatment (AZA) in patients with Crohn's disease (CD)

AUTHOR: Angelberger Sieglinde; Reinisch Walter; Messerschmidt Agnes;

Miehsler Wolfgang; Novacek Gottfried; Vogelsang Harald; Dejaco Clemens

JOURNAL: Gastroenterology 134 (4, Suppl. 1): pA657 APR 2008 2008

CONFERENCE/MEETING: Digestive Disease Week Meeting/109th Annual Meeting of the American-Gastroenterological-Association San Diego, CA, USA May 17 -22, 2008; 20080517

SPONSOR: Amer Gastroenterol Assoc

ISSN: 0016-5085
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Introduction: Breastfeeding during immunosuppressive treatment in inflammatory bowel disease (IBD) patients is critically discussed. Women receiving AZA or 6-mercaptopurine (6-MP) are discouraged from breastfeeding because of the potential risks of bone marrow suppression and infections in the neonates. Two recent studies in patients taking thiopurines for systemic lupus erythematosus, prevention of renal transplant rejection, autoimmune hepatitis or Crohn's disease (3 patients) could not detect 6-thioguanine nucleotides levels in neonatal blood. Aim: This is the first prospective study which assessed a potential risk for infections in offspring breastfed by mothers receiving AZA for CD. Patients & Methods: After appropriate counselling 11 women taking AZA (median 150 mg/d, range: 100-250 mg/d) during pregnancy decided to breastfeed their babies under therapy. The median time of breastfeeding was 6 months (range: 1-18 months). Altogether 15 neonates (f/m: 6/9) were prospectively followed for median 3.3 years (range: 0.6-6.0 years). Women were periodically asked in form of a personal interview about their offspring concerning general development, infections, antibiotic treatments, hospitalisation and vaccinations. Results: All of the offspring showed adequate mental and physical development confirmed by a paediatrician. Standard ***childhood*** vaccinations were performed according to the national recommendations, none of them came down with one of these diseases. Five of the offspring had varicella, one aphthous stomatitis and one scarlet fever. Common cold with or without antibiotic treatment occurred in 9 infants once to twice a year, two had more than two episodes/year. Laryngitis, tonsillitis and otitis media were diagnosed in 3, 2 and 6 cases, respectively. Eight of the infants had gastroenteritis (viral or bacterial), in 3 hospitalisation was required due to dehydration. Tonsillectomy was performed in two children due to recurrence of tonsillitis and otitis media, respectively. Recurrent conjunctivitis because of a stenosis of the tear duct was reported in one case, One child had borreliosis. All of the infections were well known childhood diseases and frequency was comparable to other children. Conclusion: Although nursing is not recommended during azathioprine treatment so far, these preliminary data suggest that breastfeeding during this therapy might be safe. In those selected women who insist on nursing their infants breastfeeding could be considered.

13/7/2 (Item 2 from file: 5)
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18239086 BIOSIS NO.: 200500146151
Protection against melanoma by vaccination with Bacille Calmette-Guerin (BCG) and/or vaccinia: an epidemiology-based hypothesis on the nature of a melanoma risk factor and its immunological control
AUTHOR: Krone Bernd (Reprint); Koelmel Klaus F; Henz Beate M; Grange John M
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JOURNAL: European Journal of Cancer 41 (1): p104-117 January 2005 2005
MEDIUM: print
ISSN: 0959-8049 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: A multicentre case-control study conducted by the FEBrile Infections and Melanoma (FEBIM) group has demonstrated a reduced risk of melanoma associated with Bacille Calmette-Guerin (BCG) and/or vaccinia vaccination in early childhood and/or with infectious diseases later in life. This has led to the recognition of a new risk indicator of melanoma; namely 'not being vaccinated with either with BCG or vaccinia'. On the basis of these findings, we propose a hypothesis of immune surveillance for melanoma induced or enhanced by prior contacts with pathogens unexpectedly cross-reactive to a cellular 'marker of melanoma risk'. The reduced risk of melanoma due to BCG and vaccinia, as well as certain common causes of infectious disease, is shown to be associated with antigenic determinants exhibiting sequence homologies with the HERV-K-MEL-antigen. The latter is a product of a pseudo-gene that is closely associated with the env-gene of the endogenous human retrovirus K (HERV-K). A suppressive immune reaction appears to inhibit the expression of endogenous retroviral genes, such as the HERV-K env-gene, that could otherwise result in malignant transformation years or even decades later. The HERV-K env-protein has homologous amino acid sequences with the human nuclear factor Oxygen Responsive Element Binding Protein (OREBP) that controls the expression of glutathione peroxidase. The formation of this and other redox-enzymes, needed to maintain appropriate levels of the normal intracellular redox potential, seems to be suppressed by the OREBP-homologous protein. The present hypothesis is in accordance with the concept that immune dysregulation due to adverse environmental impacts is a risk factor not only for some autoimmune disorders, as previously described, but also for certain malignancies such as melanoma. Copyright 2004 Elsevier Ltd. All rights reserved.

13/7/3 (Item 3 from file: 5)
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17664923 BIOSIS NO.: 200400035680
The Belgrade childhood diabetes study: Association of infections and
vaccinations on diabetes in ***childhood***
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JOURNAL: Annals of Epidemiology 13 (9): p645-651 October 2003 2003
MEDIUM: print
ISSN: 1047-2797
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: PURPOSE: The aim of this study was to investigate whether individual infections or combination of infections or vaccination affect the ***risk*** of developing ***diabetes*** in ***childhood***
METHODS: A case-control study was conducted in Belgrade during the period between 1994 and 1997. A total of 105 recent onset diabetics were compared with 210 controls chosen among children with skin disease (the first control group). Cases and controls were individually matched by age (± 1 year), sex, and place of residence. Eighty-six diabetic children were also compared with their brothers/sisters (the second control group). RESULTS: After adjustment for confounding variables, independent

association with diabetes was found for infections during the 6 months preceding the onset of the disease, when cases were compared with both the first control group (OR=4.23, 95% CI, 1.95-9.17, p<0.001) and the second control group (OR=4.68, 95% CI, 2.09-10.47, p<0.001), and for regular vaccination when cases were compared with the first control group (OR=0.08, 95% CI, 0.01-0.50, p=0.03). CONCLUSION: The results obtained support the hypotheses that infections play a role in the development of type 1 diabetes and that regular vaccination has a preventive effect.

13/7/4 (Item 4 from file: 5)
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16293048 BIOSIS NO.: 200100464887
Group B streptococcal disease in nonpregnant adults
AUTHOR: Farley Monica M (Reprint)
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JOURNAL: Clinical Infectious Diseases 33 (4): p556-561 15 August, 2001 2001
MEDIUM: print
ISSN: 1058-4838
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Group B streptococcal (GBS) disease in nonpregnant adults is increasing, particularly in elderly persons and those with significant underlying diseases. ***Diabetes***, neurological impairment, and cirrhosis increase ***risk*** for invasive GBS disease. Skin, soft-tissue, and osteoarticular infections, pneumonia, and urosepsis are common presentations. Meningitis and endocarditis are less common but associated with serious morbidity and mortality. Disease is frequently nosocomial and may be related to the placement of an iv catheter. Recurrent infection occurs in 4.3% of survivors. Capsular serotypes Ia, III, and V account for the majority of disease in nonpregnant adults. Although group B streptococci are susceptible to penicillin, minimum inhibitory concentrations are 4-fold to 8-fold higher than for group A streptococci. Resistance to erythromycin and clindamycin is increasing. The role of antibodies in protection against GBS disease in nonpregnant adults is unresolved. However, the immunogenicity of GBS ***vaccines*** being developed for prevention of neonatal disease should be assessed for adults who are at risk.

13/7/5 (Item 5 from file: 5)
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15885826 BIOSIS NO.: 200100057665
Measles vaccination and inflammatory bowel disease: A national British cohort study
AUTHOR: Morris Danielle L; Montgomery Scott M; Thompson Nick P; Ebrahim Shah; Pounder Roy E; Wakefield Andrew J (Reprint)
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JOURNAL: American Journal of Gastroenterology 95 (12): p3507-3512 December, 2000 2000
MEDIUM: print

ISSN: 0002-9270
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: OBJECTIVE: Measles vaccination has been suggested as a risk for inflammatory bowel disease. Atypical age of measles infection has also been associated with Crohn's disease. This study was designed to examine the relationship of measles vaccination and age of measles vaccination with later inflammatory bowel disease. METHODS: A prospective population-based national birth cohort was used, of those born in 1 wk in April 1970 in Great Britain. The data are from 7616 responding members of the 1970 British Cohort Study with complete vaccination data, who were traced at age 26 yr. A diagnosis of Crohn's disease, ulcerative colitis, and diabetes mellitus (a control disease) was obtained by survey at age 26 yr, and confirmed by physicians. Vaccination data were from survey at age 5 yr. Measles and mumps infection data were obtained from the survey at age 10 yr. Adjustment was made for sex, household crowding in ***childhood***, and father's social class at birth. RESULTS: No statistically significant association was found between measles vaccination status at 5 yr and Crohn's disease (adjusted odds ratio (OR) 0.67, 95% confidence interval (CI) 0.27-1.63), ulcerative colitis (adjusted OR 0.57, 95% CI 0.20-1.61), or ***diabetes*** (adjusted OR 0.75, 95% CI 0.33-1.74). There was a statistically significant trend ($p = 0.040$) with increasing age of measles vaccination for ***risk*** of Crohn's disease, although this was based on very few cases vaccinated after age 2 yr. CONCLUSIONS: In this cohort, monovalent measles vaccination status is not associated with inflammatory bowel disease by age 26 yr. Older age at measles vaccination needs to be examined in other studies to confirm whether it is a genuine risk for Crohn's disease.

13/7/6 (Item 6 from file: 5)
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15870160 BIOSIS NO.: 200100041999
Humoral response to recombinant hepatitis B virus vaccine at birth: Role of HLA and beyond
AUTHOR: Martinetti Miryam (Reprint); De Silvestri Annalisa; Belloni Cesare; Pasi Annamaria (Reprint); Tinelli Carmine; Pistorio Angela; Salvaneschi Laura (Reprint); Rondini Giorgio; Avanzini Maria Antonia; Cuccia Mariaclara
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Italy
JOURNAL: Clinical Immunology (Orlando) 97 (3): p234-240 December, 2000
2000
MEDIUM: print
ISSN: 1521-6616
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: From 1991 to 1998 we vaccinated 4835 neonates against hepatitis B virus (HBV) and monitored their humoral response to the recombinant ***vaccine***. In a sample of 184 of these babies we studied the association between HLA class I and II genomic polymorphisms and humoral response to the vaccine and the association between the response and immune-mediated diseases. A subgroup of 96 babies also underwent HLA class III (C4A and C4B) typing. Four levels of humoral response were

identified, each with a peculiar MHC restriction. Different HLA products seem to act as agonists (C4AQ0 and HLA-DQB1*02) or antagonists (C4AQ0, HLA-DQB1*02, and HLA-DRB1*11, DQB1*0301) in lowering humoral response to HBV vaccine. The group of responders was characterized more for lacking "nonresponder" alleles than for having specific "responder" ones. Tolerance to HBV peptides may have clinical implications, possibly being a marker for babies with a genetic ***risk*** of immunopathologies. In fact, many of the poor responders carried from two to four HLA-DQalpha heterodimers predisposing to insulin-dependent ***diabetes*** mellitus and celiac disease. Two true nonresponders suffered from allergies and two slow responders had transient episodes of hyperglycemia.

13/7/7 (Item 7 from file: 5)
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15714833 BIOSIS NO.: 200000433146

Technical report: Prevention of pneumococcal infections, including the use of pneumococcal conjugate and polysaccharide vaccines and antibiotic prophylaxis

AUTHOR: Abramson Jon S; Baker Carol J; Fisher Margaret C; Gerber Michael A; Meissner H Cody; Murray Dennis L; Overturf Gary D; Prober Charles G; Rennels Margaret B; Saari Thomas N; Weiner Leonard B; Whitley Richard J; Peter Georges; Pickering Larry K; MacDonald Noni E; Chilton Lance; Jacobs Richard F; Delage Gilles; Dowell Scott F; Orenstein Walter A; Patriarca Peter A; Myers Martin G; Ledbetter Edgar O; Kim Joann

JOURNAL: Pediatrics 106 (2 Part 1): p367-376 August, 2000 2000

MEDIUM: print

ISSN: 0031-4005

DOCUMENT TYPE: Article; Literature Review

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Pneumococcal infections are the most common invasive bacterial infections in children in the United States. The incidence of invasive pneumococcal infections peaks in children younger than 2 years, reaching rates of 228/100 000 in children 6 to 12 months old. Children with functional or anatomic asplenia (including sickle cell disease (SCD)) and children with human immunodeficiency virus infection have pneumococcal infection rates 20- to 100-fold higher than those of healthy children during the first 5 years of life. Others at high ***risk*** of pneumococcal infections include children with congenital immunodeficiency; chronic cardiopulmonary disease; children receiving immunosuppressive chemotherapy; children with immunosuppressive neoplastic diseases; children with chronic renal insufficiency, including nephrotic syndrome; children with diabetes; and children with cerebrospinal fluid leaks. Children of Native American (American Indian and Alaska Native) or African American descent also have higher rates of invasive pneumococcal disease. Outbreaks of pneumococcal infection have occurred with increased frequency in children attending out-of-home care. Among these children, nasopharyngeal colonization rates of 60% have been observed, along with pneumococci resistant to multiple antibiotics. The administration of antibiotics to children involved in outbreaks of pneumococcal disease has had an inconsistent effect on nasopharyngeal carriage. In contrast, continuous penicillin prophylaxis in children younger than 5 years with SCD has been successful in reducing rates of pneumococcal disease by 84%. Pneumococcal polysaccharide vaccines have been recommended since 1985 for children older than 2 years who are at high risk of invasive disease, but these vaccines were not recommended

for younger children and infants because of poor antibody response before 2 years of age. In contrast, pneumococcal conjugate vaccines (Prenar) induce proposed protective antibody responses (>.15 mug/mL) in >90% of infants after 3 doses given at 2, 4, and 6 months of age. After priming doses, significant booster responses (ie, immunologic memory) are apparent when additional doses are given at 12 to 15 months of age. In efficacy trials, infant immunization with Prenar decreased invasive infections by >93% and consolidative pneumonia by 73%, and it was associated with a 7% decrease in otitis media and a 20% decrease in tympanostomy tube placement. Adverse events after the administration of Prenar have been limited to areas of local swelling or erythema of 1 to 2 cm and some increase in the incidence of postimmunization fever when it is given with other ***childhood*** ***vaccines***. Based on data in phase 3 efficacy and safety trials, the US Food and Drug Administration has provided an indication for the use of Prenar in children younger than 24 months.

13/7/8 (Item 8 from file: 5)
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15412720 BIOSIS NO.: 200000131033

Infections and vaccinations as risk factors for childhood

Type I (insulin-dependent) diabetes mellitus: A multicentre case-control investigation

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JOURNAL: Diabetologia 43 (1): p47-53 Jan., 2000 2000

MEDIUM: print

ISSN: 0012-186X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Aims/hypothesis: To determine if vaccinations and infections are associated with the subsequent risk of Type I (insulin-dependent) ***diabetes*** mellitus in ***childhood***. Method: Seven centres in Europe with access to population-based registers of children with Type I diabetes diagnosed under 15 years of age participated in a case-control study of environmental ***risk*** factors. Control children were chosen at random in each centre either from population registers or from schools and polyclinics. Data on maternal and neonatal infections, common childhood infections and vaccinations were obtained for 900 cases and 2302 control children from hospital and clinic records and from parental responses to a questionnaire or interview. Results: Infections early in the child's life noted in the hospital record were found to be associated with an increased ***risk*** of ***diabetes***, although the odds ratio of 1.61 (95% confidence limits 1.11, 2.33) was significant only after adjustment for confounding variables. None of the common ***childhood*** infectious diseases was found to be associated with diabetes and neither was there evidence that any common childhood vaccination modified the ***risk*** of ***diabetes***. Pre-school day-care attendance, a proxy measure for total infectious disease exposure in early childhood, was found, however, to be inversely associated with diabetes, with a pooled odds ratio of 0.59 (95% confidence limits 0.46, 0.76) after adjustment for confounding variables. Conclusion/interpretation: It seems likely that the explanation for these contrasting findings of an

increased risk associated with perinatal infections coupled with a protective effect of pre-school day care lies in the age-dependent modifying influence of infections on the developing immune system.

13/7/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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15176268 BIOSIS NO.: 199900435928
Atopic diseases, infections, and vaccinations and risk for Type
1 diabetes mellitus in childhood
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JOURNAL: Diabetologia 42 (SUPPL. 1): pA75 Aug., 1999 1999
MEDIUM: print
CONFERENCE/MEETING: 35th Annual Meeting of the European Association for the
Study of Diabetes Brussels, Belgium September 28-October 2, 1999;
19990928.
SPONSOR: European Association for the Study of Diabetes
ISSN: 0012-186X
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

13/7/10 (Item 10 from file: 5)
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15006405 BIOSIS NO.: 199900266065
Risk factors for type 1 diabetes mellitus in children in
Austria
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JOURNAL: European Journal of Pediatrics 158 (5): p362-366 May, 1999 1999
MEDIUM: print
ISSN: 0340-6199
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: The aim of this study was to investigate environmental risk factors in the development of type 1 diabetes mellitus in a population-based case-control study. Parents of all patients with manifestation of type 1 diabetes between 1989 and 1994 in Vienna were asked to complete a questionnaire (n = 114). Control children (n = 495), matched for age and sex, were randomly recruited from all schools in Vienna. Fathers of diabetic children were significantly older at the time their children were born than fathers of control children (P = 0.015). Children with diabetes were more likely to be second- or third-born children (P < 0.05) and fewer went to kindergarten than the control group children (P = 0.007). No significant difference in duration of gestation, percentage of delivery by caesarean section, birth weight or length was found. Neonatal jaundice was more often observed in the patient group (P = 0.038). Breast feeding was reported by 82.7% of mothers of diabetic children and by 81% of mothers of control children, and the duration of breast feeding was longer in patients than in

controls (n.s.). Conclusion In our study, the development of type 1 diabetes mellitus was associated with higher paternal age and ***neonatal*** jaundice. No correlation could be found with dietary intake of cow's milk products in early infancy, vaccination and other environmental factors.

13/7/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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13938252 BIOSIS NO.: 199799572312
Epidemiologic study of Langerhans cell histiocytosis in children
AUTHOR: Bhatia Smita; Nesbit Mark E Jr; Egeler R Maarten; Buckley Jonathan D; Mertens Ann; Robison Leslie L (Reprint)
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JOURNAL: Journal of Pediatrics 130 (5): p774-784 1997 1997
ISSN: 0022-3476
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Objective: The etiology and pathogenesis of Langerhans cell histiocytosis (LCH) remain poorly understood. We conducted an exploratory epidemiologic study to investigate potential risk factors associated with LCH. Study design: We used a case-control study design to obtain data from parents of children with LCH (n = 459) who were members of the Histiocytosis Association of America and Canada. The two control groups consisted of 683 community control subjects and 3719 children with childhood cancers treated at participating Children's Cancer Group institutions. Results: The median age at diagnosis of LCH was 1.8 years (range 0.1 to 14.6 years). Cases were categorized as multisystem LCH (MS-LCH) (n = 208) and single-system LCH (SS-LCH) (n = 198). Statistically significant associations included the following: infections in the ***neonatal*** period (MS-LCH, odds ratio (OR) = 2.2), solvent exposure (SS-LCH, OR = 54.9), ***childhood*** ***vaccinations*** (MS-LCH and SS-LCH, OR = 0.4), thyroid disease in the proband (MS-LCH and SS-LCH, OR = 21.6), and family history of thyroid disease (MS-LCH and SS-LCH, OR = 1.4). The association with thyroid disease in the proband was explained partially by the involvement of the pituitary, with the relative risk decreasing when patients with diabetes insipidus and thyroid involvement were excluded from analysis. Conclusions: This large hypothesis-generating study provides directions for future investigations in well-designed population-based or hospital-based epidemiologic studies.

13/7/12 (Item 12 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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13038668 BIOSIS NO.: 199598506501
Risk factors for group B streptococcal disease in adults
AUTHOR: Jackson Lisa A; Hilsdon Roberta; Farley Monica M; Harrison Lee H; Reingold Arthur L; Plikaytis Brian D; Wenger Jay D; Schuchat Anne (Reprint)
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JOURNAL: Annals of Internal Medicine 123 (6): p415-420 1995 1995
ISSN: 0003-4819

DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Objective: To determine risk factors for community acquired and nosocomial group B streptococcal disease in adults. Design: Case-control study. Setting: 3 metropolitan areas in the United States with an aggregate population of 6.6 million persons. Patients: 219 nonpregnant adults with invasive group B streptococcal infection identified by a population-based surveillance in 1991 and 1992 and 645 hospital-matched controls. Results: The following conditions were associated with a significantly increased risk for communityacquired group B streptococcal infection after controlling for age in multivariate analysis: cirrhosis (odds ratio, 9.7 (95% CI, 3.5 to 26.9); P lt 0.001), ***diabetes*** (odds ratio, 3.0 (CI, 1.9 to 4.7); P lt 0.001), stroke (odds ratio, 3.5 (CI, 1.9 to 6.4); P lt 0.001), breast cancer (odds ratio, 4.0 (CI, 1.6 to 9.8); P = 0.002), decubitus ulcer (odds ratio, 4.0 (CI, 1.6 to 9.8); P = 0.002), and neurogenic bladder (odds ratio, 4.6 (CI, 1.4 to 15.1); P = 0.01). Sixty-three percent of community case-patients had at least one of these conditions. Nosocomial infection (48 cases (22%)) was independently associated with the placement of a central venous line (odds ratio, 30.9 (CI, 5.2 to 184.1); P lt 0.001), diabetes, congestive heart failure, and seizure disorder. Conclusions: Several chronic conditions were independently associated with group B streptococcal disease, and most case-patients had at least one of these conditions. If group B streptococcal ***vaccines*** being developed for prevention of neonatal disease are protective in adults, a vaccination strategy targeting those at highest risk has the potential to substantially reduce the burden of invasive group B streptococcal infection in adults.

13/7/13 (Item 13 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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11179709 BIOSIS NO.: 199293022600
THE SWEDISH CHILDHOOD DIABETES STUDY A MULTIVARIATE ANALYSIS OF
RISK DETERMINANTS FOR DIABETES IN DIFFERENT AGE GROUPS
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JOURNAL: Diabetologia 34 (10): p757-762 1991
ISSN: 0012-186X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: In a nationwide incident case-referent study stepwise univariate analysis has revealed several risk determinants for childhood ***diabetes*** mellitus. In a multivariate analysis we have determined the set of risk determinants that would independently predict childhood Type 1 (insulin-dependent) ***diabetes***. Possible interactions between the risk determinants and differences in ***risk*** profiles with different ages at onset were also examined. Reported familial insulin-treated and non-insulin-treated diabetes were significant risk factors in all age groups, as was also a low frequency of milk intake. The frequency of infections and a high intake of foods rich in nitrosamine tended to interact (OR 11.8, p = 0.053) indicating a synergistic effect. A Cox regression analysis revealed that stressful life events during the last year was the only variable that

tended to affect the age at onset ($p = 0.055$). This indicated that psychological stress may rather precipitate than induce Type 1 diabetes. A short breast-feeding duration ($OR = 3.81$), and an increased body height ($OR = 3.82$) contributed significantly to the predictive model in only the youngest age group (0-4 years). An increased frequency of infections in the year preceding onset ($OR = 2.15$) and no vaccination against measles ($OR = 3.33$) contributed significantly to the model only in the age group 5-9 years. Various nutrients had different impacts on the ***risk*** of developing Type 1 ***diabetes*** in different age groups. It is concluded that in the genetically susceptible child, risk factors which are associated with eating habits, frequency of infections, vaccination status, growth pattern and severe psychological stress affect the risk of developing diabetes independently of each other. The set of ***risk*** determinants varies with the age at onset. A high frequency of infections and a high frequency of nitrosamine-rich food intake seem to have a synergistic effect on the risk of developing ***diabetes*** in childhood.

13/7/14 (Item 14 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10884485 BIOSIS NO.: 199192130256
INVASIVE GROUP B STREPTOCOCCAL DISEASE IN ADULTS A POPULATION-BASED STUDY
IN METROPOLITAN ATLANTA GEORGIA USA
AUTHOR: SCHWARTZ B (Reprint); SCHUCHAT A; OXTOBY M J; COCHI S L; HIGHTOWER
A; BROOME C V
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DISEASES, CENTER DISEASE CONTROL, ATLANTA, GA 30333, USA**USA
JOURNAL: Journal of the American Medical Association 266 (8): p1112-1114
1991
ISSN: 0098-7484
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Objective: To define the incidence and clinical spectrum of group B streptococcus infection in adults. To characterize groups at increased risk for infection. Design: Retrospective population-based surveillance of group B streptococcus infections occurring in adults. Patients were identified by review of microbiology records at all surveillance area hospital laboratories. Demographic and clinical data were abstracted from patient medical records. Setting: Metropolitan Atlanta, [Georgia, USA], 1982 through 1983. Patients: We identified 70 adult patients with invasive group B streptococcus infections; 14 infections occurred in pregnant women and 56 in nonpregnant adults. Results: The annual incidence of group B streptococcus infection in men and nonpregnant women was 2.4 cases per 100,000 population. Incidence increased with age and was higher in blacks than in whites. The case-fatality rate was 32%. Group B streptococcus was most often isolated from blood (71%) and soft tissue (16%). Common clinical presentations included skin and soft-tissue infection (36%), bacteremia without focus (34%), pneumonia (11%), arthritis (9%), and endocarditis (9%). Compared with the general population's risk of infection, the risk of infection in persons with ***diabetes*** mellitus was increased 10.5-fold (95% confidence interval [CI], 7.8 to 14.4); in persons with cancer, it was increased 16.4-fold (95% CI, 11.5 to 23.3). Conclusions: Group B streptococcus infections cause serious disease in adults as well as in neonates, providing an additional rationale for vaccine development. Determining the incidence of adult disease and groups at

greatest risk will help in focusing prevention efforts.

13/7/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10752810 BIOSIS NO.: 199191135701
THE SWEDISH CHILDHOOD DIABETES STUDY VACCINATIONS AND
INFECTIONS AS RISK DETERMINANTS FOR DIABETES IN
CHILDHOOD
AUTHOR: BLOM L (Reprint); NYSTROM L; DAHLQUIST G
AUTHOR ADDRESS: DEP PAEDIATRICS, SACHS' CHILDREN'S HOSPITAL, S-116 69
STOCKHOLM, SWED**SWEDEN
JOURNAL: Diabetologia 34 (3): p176-181 1991
ISSN: 0012-186X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: In a nationwide incident case referent study we have evaluated vaccinations, early and recent infections and the use of medicines as possible risk determinants for Type 1 (insulin-dependent) ***diabetes*** mellitus in childhood. A total of 339 recently onset diabetic and 528 referent children, age 0-14 years, were included. Information about infections was collected from a mailed questionnaire and about vaccinations from childhood health care centres and schools. When ***vaccinations*** were considered as possible ***risk*** factors for diabetes, a significant decrease in relative risk estimated as odds ratio (OR) was noted for measles vaccination (OR = 0.69; 95% confidence limits 0.48-0.98). For vaccination against tuberculosis, smallpox, tetanus, whooping cough, rubella and mumps no significant effect on OR for diabetes was found. The odds ratio for Type 1 diabetes for children exposed to 0, 1-2 or over 2 infections during the last year before diagnosis of diabetes revealed a linear increase (OR = 1.0, 1.96 and 2.55 for 0, 1-2 and over 2 infections, respectively). The trend was still significant when standardized for possible confounders such as age and sex of the children, maternal age and education and intake of antibiotics and analgetics. In conclusion, a protective effect of measles vaccination for Type 1 diabetes in childhood is indicated as well as a possible causal relationship between the onset of the disease and the total load of recent infections.

13/7/16 (Item 16 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10046807 BIOSIS NO.: 199039100196
INFECTIONS AND VACCINATIONS AS RISK DETERMINANTS FOR
DIABETES IN CHILDHOOD
AUTHOR: BLOM L (Reprint); NYSTROM L; SANDSTROM A; DAHLQUIST G
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JOURNAL: Acta Endocrinologica Supplementum 122 (3): p6 1990
CONFERENCE/MEETING: 25TH ANNUAL MEETING FOR THE STUDY OF DIABETES,
COPENHAGEN, DENMARK, MAY 24-26, 1990. ACTA ENDOCRINOL SUPPL.
ISSN: 0300-9750
DOCUMENT TYPE: Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

13/7/17 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0083620681 EMBASE/Medline No: 2010145488

Risk factors of herpes zoster among children immunized with varicella vaccine: Results from a nested case-control study

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DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 17

Background: Previous studies of varicella-zoster virus reactivation in children have provided little information on potential risk factors. The aim of this study was to investigate the effects of race, chronic medical conditions and treatments, and recent vaccination, on the risk of herpes zoster (HZ) in children vaccinated with one dose of varicella vaccine. Methods: Case subjects were identified from a cohort of subjects who were members of the Southern California Kaiser Permanente Health Plan and received primary immunization with a single-antigen live varicella vaccine at age ≤ 12 years from 2002 to 2008. Control subjects free of HZ during the study period were matched at a 5:1 ratio to each case subject on date of birth and sex. Race information was obtained from membership files, health records, and phone interview. Immunization history, medical history, and health care utilization were identified from Southern California Kaiser Permanente Health Plan electronic records. Results: During this time, 122 children were diagnosed with HZ. With adjustment for the number of hospitalizations, outpatient visits, and length of time between vaccination with varicella vaccine and the onset of HZ, Black children were at lower risk of developing HZ than were White (OR=0.41, 95% CI=0.17-0.98) and Asian children (OR=0.30, 95% CI=0.11-0.84). Conclusions: These data suggest that the racial differences in the risk of developing HZ seen in adults are manifest in children as well. As children are not subject to the majority of factors hypothesized to underlie HZ in adults and as this study was conducted in a setting which affords equal access to health care, it is possible that genetic variation may explain some portion of varicella-zoster virus reactivation. (c) 2010 Lippincott Williams & Wilkins.

13/7/18 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0083032238 EMBASE/Medline No: 2009270951

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Saudi Medical Journal (Saudi Med. J.) (Saudi Arabia) June 22, 2009,
30/2 (310-311)
CODEN: SAMJD ISSN: 0379-5284 eISSN: 1658-3175
URL: <http://www.smj.org.sa/PDFFiles/Feb09/01Correpondence20081135.pdf>
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 23

13/7/19 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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0082993784 EMBASE/Medline No: 2009231682
The burden of influenza in healthy children in South Australia
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Medical Journal of Australia (Med. J. Aust.) (Australia) May 5, 2008,
188/9 (510-513)
CODEN: MJAUJ ISSN: 0025-729X eISSN: 1326-5377
URL: http://www.mja.com.au/public/issues/188_09_050508/don11092_fm.html
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 13

Objective: To describe the influenza-related morbidity and mortality in healthy children aged under 5 years in South Australia, in order to further understand the potential role of influenza vaccination. Design and setting: We undertook a descriptive analysis of SA hospital separations data and Australian Bureau of Statistics death data for children aged under 5 years admitted to hospital for influenza. All diagnoses related to an influenza admission were examined to determine whether children were at risk of complications from influenza, according to the criteria of the National Health and Medical Research Council. Main outcome measures: Mean influenza admission rates per 100 000 population per year in children aged under 5 years between 1996 and 2006, and the proportion of children admitted to hospital who did not have a secondary diagnosis putting them at higher risk of influenza-related complications. Results: From 1996 to 2006, 649 children aged under 5 years were admitted to hospital for influenza. Mean annual admission rates per 100 000 were highest in children aged under 1 year (151.0), and decreased with age. Aboriginal and Torres Strait Islander children aged under 5 years had a mean admission rate of 161.8 per 100 000. Most children under 5 years (81%) admitted to hospital did not have an underlying illness that would put them at risk of influenza-related morbidity. Conclusion: Healthy children aged under 2 years and Aboriginal and Torres Strait Islander children under 5 years old have high rates of hospital admission, which may have implications for the target group recommendations for influenza immunisation. Currently, vaccination is recommended only for children with specified chronic diseases.

13/7/20 (Item 4 from file: 73)

DIALOG(R)File 73:EMBASE
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0082532405 EMBASE/Medline No: 2008338600

Potential health effects from non-specific stimulation of the immune function in early age: The example of BCG vaccination

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DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 114

There is increasing, but still inconsistent evidence that vaccinations and childhood infections may play a role in the normal maturation of the immune system, and in the development and balance of immune regulatory pathways, both of which might impact health later in life. This review covers the epidemiological evidence regarding the role of Bacillus Calmette-Guerin (BCG) vaccination on the following inflammatory or autoimmune diseases: asthma and allergic diseases, Crohn's disease (CD), insulin-dependent diabetes mellitus (IDDM), and specific cancers. The literature is more comprehensive for asthma and allergic diseases, with 16 studies reporting the absence of an association while seven rather suggest a protective effect of BCG. We found insufficient evidence on CD to conclude at this point. Overall, the evidence for IDDM based on four studies leans towards no association, although some effects were observed in population subsets. Five epidemiological investigations provide evidence on a possible link with cancer incidence or mortality at various sites, with indications of both increased and decreased risks. Given the potential public health implications, it is imperative to acquire a better understanding of how BCG vaccination could influence the development of such chronic health conditions in the population. (c) 2007 The Authors.

13/7/21 (Item 5 from file: 73)

DIALOG(R)File 73:EMBASE

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0081663851 EMBASE/Medline No: 2007097368

Addressing immunization barriers, benefits, and risks

Kimmel S.R.; Burns I.T.; Wolfe R.M.; Zimmerman R.K.

Journal of Family Practice (J. Fam. Pract.) (United States) February 1, 2007, 56/SUPPL. 2 (S61-S69)

CODEN: JFAPD ISSN: 0094-3509

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 64

Vaccines have been highly effective in eliminating or significantly decreasing the occurrence of many once-common diseases. Barriers to immunization are a significant factor in the rising incidence rates of some ***vaccine*** -preventable diseases. Cost, reduced accessibility to immunizations, increasingly complex childhood and adolescent/adult immunization schedules, and increasing focus on the potential adverse effects of vaccines all contribute to difficulty in meeting the 2010 immunization goals. Physicians must not only be knowledgeable about vaccines but they must incorporate systems in their offices to record, remind, and recall patients for vaccinations. They must also clearly communicate vaccine benefits and risks while understanding those factors that affect an individual's acceptance and perception of those benefits and risks.

13/7/22 (Item 6 from file: 73)
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0081608256 EMBASE/Medline No: 2007041585
Polycystic ovary syndrome
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Polycystic ovary syndrome is one of the most common endocrine disorders affecting women across the lifespan. The consequences of PCOS are far reaching and affect reproductive, metabolic, and cardiovascular health. For many girls, the initial manifestations of this polygenic multifactorial disorder appear during childhood with PP. Yet not all girls with PP develop PCOS. Investigation into the factors that predict progression from PP to PCOS will provide insights regarding fundamental mechanisms contributing to the development of PCOS. Since disease prevention is a longstanding pediatric mission, ie, vaccines to prevent infectious diseases, mechanisms to detect individuals at risk for PCOS, IGT, and type 2 diabetes mellitus during childhood can only benefit the individual, their families, and society.

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Protecting the delivery of heart failure: Regenerative medicine/stem cell therapeutics: Potential protections afforded by the Department of Health and Human Services and Health Resources Service Administration's Bureau of Special Programs
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Advances in stem cell science and potential clinical applications have brought clinical medicine closer to the actualization of Regenerative Medicine - an extension of transplantation of organs and cells and implantation of bioprosthesis and biodevices. The goal of such therapeutics will be intervention prior to onset of severe individual disability, enhance organ function and enhance patient performance status without incurring the economic impacts of standard organ transplantation. Regenerative Medicine is already demonstrating proof of principle or efficacy in restoration of myocardial contractility, joint mobility and function, immune competence, pulmonary function, immunologic self-tolerance, motor function and normal hemoglobin production with the next targets - diabetes mellitus (type I and type II), neurologic injury, hepatic dysfunction preparing to enter trials. Expenditures on health care needs of an aging U.S. citizenry approximate 20-25% (\$3 trillion) of U.S. GDP currently and may grow to 40% of U.S. GDP by 2025. As the potential of Regenerative Medicine is clinically realized, the societal impact and economic benefits will be disproportionately magnified in the economies of industrialized nations. The experience of the Department of Health and Human Services (HHS), United Network for Organ Sharing (UNOS), the National Bone Marrow Donor Registry (NBMDR), and the National Vaccine Injury Compensation Programs (NVICP) can help ensure that as Regenerative Medicine strives to achieve clinical benefits while avoiding decimation of therapeutic options by product liability and medical malpractice concerns - concerns that crippled the U.S. vaccine manufacturing industry until the creation of the NVICP. The first 50 years of organ/cell/tissue transplantation demonstrates that clinical reality of allogeneic and autologous transplantation can antedate complete understanding of the basic science underlying successful transplantation. Product liability and medical malpractice liability have not impeded the development and growth of organ/cell/tissue transplantation despite increased risks of infection, malignancy and cardiovascular disease in transplant recipients. Currently, human transplantation is only performed using FDA/CBER-approved, non-embryonic stem cells from peripheral blood, bone marrow or umbilical cord blood. Federal legislation passed in 2005 (HR2520 and S1317: The Bone Marrow and Cord Blood Cell Transplantation Program) authorizes the Secretary of Health and Human Services acting through the Director of HRSA to ensure uniform stem cell units distribution and outcomes monitoring via the federally-designated C.W. Bill Young Cell Transplant Program. Historically in the U.S., human biological therapies (vaccines, organ transplant and stem cell transplant) have required federal protections to ensure continued distribution, fair access and avoidance of inhibitory product liability via protections afforded under the "stewardship" of the Secretary of Health and Human Services. The National ***Childhood*** Vaccine Injury Act of 1986 established the NVICP to equitably and expeditiously compensate individuals, or families of individuals, who have been declared injured by vaccines, thereby stabilizing a once imperiled vaccine supply by substantially reducing the threat of liability for vaccine companies, physicians, and other health care professionals who

administer vaccines. Vaccines were the first biologics administered to U.S. citizens en masse and presage stem cell therapeutics (which may similarly be administered to millions) will similarly necessitate that a Stem Cell Injury Compensation Program (SCICP) will also need to be in place to demonstrate an intention to do good, an understanding that industry may do well, but that the health care consumer has a right of protection - all recognized from the outset. The Federal Tort Claims Act (FTCA) addresses liability claims via the Executive, Judicial and Legislative branches of Government, providing an umbrella of liability protection to other participants in the stem cell unit "chain of custody" under the FTCA - similar to the protection from product liability seen in organ and stem cell transplantation for the past 40-50 years. Efficacious development of regenerative medicine capabilities will mandate controlled access must first be provided for individuals with life-threatening diseases without therapeutic options or unable to benefit from or receive proven therapeutic options (ALS, cardiomyopathy and deemed not a candidate for heart transplantation, IDDM with hypoglycemic unawareness and no allogeneic source of traditional islet cell replacement available via HRSA) and mandates the prompt adoption of business and legal principles to ensure that the fate of the vaccine manufacturing industry does not become the fate of the stem cell therapeutics industry. If legal and regulatory concerns consume an increasing percentage of health care dollars that could be focused upon innovation, the Regenerative Medicine model will have not realized its full potential. The Diabetes Transplantation/Regenerative Medicine Model is the first organ to cell transplant model outside of oncology to demonstrate the regenerative medicine paradigm. Since all human tissues can be already recapitulated by human stem cells and key patent holders already exist, outlet or distribution of "more-than-minimally-manipulated stem cell units" as an IND approved under FDA/CBER guidelines can be accomplished via the current HHS/HRSA/Dept of Transplant methodology. As cardiovascular stem cell researchers develop human therapeutics utilizing more-than-minimally-manipulated stem cell products, they could be afforded protections from product liability historically enjoyed by the transplant community. Extending the Diabetes Transplant/Regenerative Medicine Model to the more than 5 million Americans with chronic heart failure, cell-based therapies to regenerate myocardial contractility could fill an existing void and be delivered in conjunction with and consistent with existing distribution of organs and tissues via HRSA/Department of Transplantation.

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Hepatitis B virus infection: Epidemiology and vaccination
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Worldwide, two billion people have been infected with hepatitis B virus (HBV), 360 million have chronic infection, and 600,000 die each year from HBV-related liver disease or hepatocellular carcinoma. This comprehensive review of hepatitis B epidemiology and vaccines focuses on definitive and influential studies and highlights current trends, policies, and directions. HBV can be transmitted vertically, through sexual or household contact, or by unsafe injections, but chronic infections acquired during infancy or childhood account for a disproportionately large share of worldwide morbidity and mortality. ***Vaccination*** against HBV infection can be started at birth and provides long-term protection against infection in more than 90% of healthy people. In the 1990s, many industrialized countries and a few less-developed countries implemented universal hepatitis B immunization and experienced measurable reductions in HBV-related disease. For example, in Taiwan, the prevalence of chronic infection in children declined by more than 90%. Many resource-poor nations have recently initiated universal hepatitis B immunization programs with assistance from the Global Alliance for Vaccines and Immunization. Further progress towards the elimination of HBV transmission will require sustainable vaccination programs with improved vaccination coverage, practical methods of measuring the impact of vaccination programs, and targeted vaccination efforts for communities at high risk of infection. Copyright (c) 2006 by the Johns Hopkins Bloomberg School of Public Health All rights reserved.

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Neonatal bacille Calmette-Guerin vaccination and type 1 diabetes
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Childhood vaccination does not increase the incidence of type 1 diabetes

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DOI: 10.1016/j.ehbc.2004.08.019
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

Question: Does childhood vaccination increase the incidence of type 1 diabetes? Study design: Cohort study. Main results: 681 cases of type 1 diabetes were identified during 4,720,517 person-years of follow-up. There were no significant differences in incidence of type 1 diabetes between vaccinated and unvaccinated children followed up to a mean age of 6.4 years (see Results table). Vaccination did not increase the incidence of type 1 diabetes in children who had siblings with the disease, even though they have an increased ***risk*** of type 1 ***diabetes***. Authors' conclusions: There is no link between childhood ***vaccination*** and type 1 ***diabetes***. (c) 2004 Elsevier Ltd. All rights reserved.

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Immunizations, immunology, and autism
ISSUE TITLE: Autism and Autistic Spectrum Disorders
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Public fears of rising rates of children being diagnosed with autistic spectrum disorders has led to a fear that immunizations, specifically the measles-mumps-varicella vaccine (MMR), may trigger autism. This article reviews theories of immunization as a risk factor for autism, including thimerosal exposure. We also review theories of autoimmunity as a predisposing genetic risk in autistic patients. We summarize from multiple population-based studies and extensive review committee reports that neither immunization nor thimerosal exposure has been conclusively linked to autism. Current treatments for autoimmunity in autism are reviewed and summarized as being only anecdotally effective, with no controlled studies to conclusively determine effectiveness. The goal of this article is to allow ***child*** neurologists to effectively counsel parents of autistic patients about vaccination risks and treatment options in presumed cases of autoimmune dysfunction. (c) 2004 Elsevier Inc. All rights reserved.

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Update on 2004 flu campaign

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, 273/7317 (371)
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Vaccination and allergy
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DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 48

Purpose of review: Vaccines have had a major effect on controlling the spread of infectious diseases, but use of certain vaccines was linked to potential allergic and autoimmune side effects in healthy and often in certain high- ***risk*** populations. In this review the authors summarize the current knowledge of such risks. Recent findings: Immediate systemic allergic reactions after vaccination with commonly used vaccines are extremely rare. Use of certain vaccines was linked to potential allergic side effects in healthy and often in certain high-risk populations. The authors review the data on the risk associated with important vaccines including influenza, smallpox, pneumococcus, Japanese encephalitis, Bacille Calmette-Guerin, pertussis, and measles, mumps, and rubella. Two main components were identified as a source for allergic reactions in vaccines: gelatin and egg protein. There is growing interest in the potential interactions between infant vaccination and risk for development of atopic disease. In addition, there is concern that genetic risk for atopy influences capacity to respond to vaccination during infancy. There is no evidence that vaccines such as Bacille Calmette-Guerin; pertussis; influenza; measles, mumps, and rubella; or smallpox have an effect on the risk of the development of atopy later in life. Immunotherapy provides an efficacious and safe method for the treatment of allergic conditions by immunomodulation of the immune system. The possibility of vaccination triggering or unmasking autoimmunity in genetically susceptible individuals cannot be ruled out, but for the general population the risk-to-benefit ratio is overwhelmingly in favor of ***vaccinations***. Summary: ***Childhood*** ***vaccination*** remains an essential part of child health programs and should not be withheld, even from children predisposed to allergy. ***Vaccinations*** are safe, but special attention should be taken in high-risk individuals with anaphylactic reactions to foods, and in patients with autoimmune

diseases.

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Quality of care in general practice is difficult to measure. A review
1997-2003
Kwaliteit van huisartsgeneeskundig handelen moeilijk te meten. Een
literatuuroverzicht over 1997-2003
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Background: Little is known about the quality of clinical care provided in Dutch general practices. The aim of the study was to assess actual clinical performance in Dutch general practices. Method: A systematic review of published studies in a seven-year period 1997-2003. Results: Thirty-one studies could be included. The majority of the studies were on chronic diseases (77.8%) ; asthma and COPD (n=6), ***diabetes*** (n=5), cardiovascular risk management (n=5), and one study each on hypercholesterolemia, hypertension, dementia, bowel complaints, and HIV-infection. Furthermore, two studies were found on cervical cancer screening, and one on influenza vaccination; the others were on, acute otitis media, (threatened) miscarriage, child birth and getting to know the reason for consultation. One study was on 10 diseases, among them acute otitis media, diabetes, and hypertension. One study was on test ordering for 16 conditions and one on 251 different prescriptions. The agreement between performance and recommendation varied largely; the overall percentage was 62.4%, Discussion: The study showed that since the development of the national guidelines in the early nineties, the amount of studies assessing the clinical performance in general practice is small and that the published studies are on a limited set of diseases in which the variance in performance is enormous between the different diseases, but also for the same disease. This brings us to the question of the value of current performance measurement, also because the studies don't describe a systematic methodology for constructing the indicators and their validity and reliability. Transparency on clinical performance in general practice requires a systematic approach to fulfil the demand on a valid and reliable set of indicators and to create a more comprehensive picture of the performance in general practice.

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Glycoconjugate vaccines to prevent group B streptococcal infections.
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Group B Streptococcus (GBS) is an opportunistic pathogen of humans.
At-risk populations include neonates born to colonised mothers,
peripartum women, diabetics, and the elderly with underlying illnesses.
Vaccines to prevent GBS disease have been developed by coupling
purified capsular polysaccharide (CPS) antigen of GBS with an immunogenic
protein carrier. Glycoconjugate vaccines against all nine currently
identified GBS serotypes have been synthesised and shown to be immunogenic
in mice, rabbits and baboons in preclinical trials. Healthy adults have
safely received conjugate vaccines prepared with GBS types Ia, Ib, II, III,
and V CPSs in Phase I and II clinical trials. These vaccines elicited
CPS-specific antibody that opsonised GBS for in vitro killing by human
peripheral blood leukocytes in the presence of complement. Results from
these preclinical and clinical studies strongly suggest that GBS conjugate
vaccines will be effective in preventing diseases caused by GBS.

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0079624475 EMBASE/Medline No: 2003332535
Does the "hygiene hypothesis" provide an explanation for the high
prevalence of multiple sclerosis in sardinia?
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LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 21

The "hygiene hypothesis" describes a hypothetical scenario in which the
balance between T SUB H1 (defending host against bacterial and viral
infections) and T SUB H2 (defending against parasitic infections) immune
responses is pivotal and in which the consequence of reducing the

infectious stressors during infancy is increased autoimmunity (T SUB H1-mediated) and allergy (T SUB H2-mediated). Many epidemiological observations confirm that allergic and autoimmune diseases are significantly increased in the "developed" countries and negatively associated with childhood infections. However, it has been recently revealed that immune elements associated with allergy are extensively involved also in the pathogenesis of autoimmune demyelination and that T SUB H2- and T SUB H1-mediated infections ameliorate the course of the disease confirming that the allergic root is also responsible for the escalation of autoimmune disorders, and both have a common immunological denominator. In the Italian island of Sardinia, MS and type-I diabetes frequencies have sharply increased in the last decades compared to other populations living in the same Mediterranean area. Initial observation led us to believe that environmental changes favoured the MS ***risk*** rise, thus sustaining the hygiene hypothesis. However, data on MS prevalence distribution in this territory suggest that other mechanisms than environment have also to be taken into great account. Our recent epidemiological studies reveal significant differences in the MS prevalence between rural and urban areas within the same province of Sassari but, contrarily to what expected from the hygiene hypothesis, MS prevalence is significantly higher in rural, genetically "archaic", areas where the westernization process has been less pronounced. On this basis we believe that, beside hygiene-related factors, genetics could represent a more relevant determinant of Sardinian high susceptibility to MS.

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 Invasive group B streptococcal infections in Sweden: Incidence, predisposing factors and prognosis
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 NUMBER OF REFERENCES: 36

Objectives: To study the incidence, clinical manifestations, concomitant conditions and case-fatality rate in patients with invasive group B Streptococcus (GBS) infections in the Goteborg area (mean population 582 666) of Sweden during 1981-95. Design: Patients were identified from the records of the Department of Clinical Bacteriology. Clinical data were obtained from hospital records. Results: GBS was isolated from blood, cerebrospinal fluid or other sterile body fluids from 211 patients with 215 infectious episodes; 108 in neonates, and 107 in non-neonates. The incidence was 2.4/100 000 per year, with the highest rates in neonates and in persons >=65 years. The incidence in neonates was 0.92/1000 live births. The most common manifestation was septicemia with unknown focus. Of the

neonates, 54% were full term and had no underlying conditions. Of the non-neonates, 15% had no underlying conditions. The most common underlying conditions were preterm delivery in neonates, and arteriosclerotic disease and diabetes mellitus in non-neonates. The case-fatality rates were 13% in neonates and 16% in non-neonates. Conclusions: GBS is an important pathogen in ***neonates*** and in adults with concomitant conditions. The morbidity and mortality rates necessitate research to develop GBS vaccines both for women of fertile age and for patients with a wide variety of underlying diseases.

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Technical report: Prevention of pneumococcal infections, including the use of pneumococcal conjugate and polysaccharide vaccines and antibiotic prophylaxis

Overturf G.D.; Peter G.; Pickering L.K.; MacDonald N.E.; Chilton L.; Jacobs R.F.; Delage G.; Dowell S.F.; Orenstein W.A.; Patriarca P.A.; Myers M.G.; Ledbetter E.O.; Kim J.

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NUMBER OF REFERENCES: 73

Pneumococcal infections are the most common invasive bacterial infections in children in the United States. The incidence of invasive pneumococcal infections peaks in children younger than 2 years, reaching rates of 228/100 000 in children 6 to 12 months old. Children with functional or anatomic asplenia (including sickle cell disease [SCD]) and children with human immunodeficiency virus infection have pneumococcal infection rates 20- to 100-fold higher than those of healthy children during the first 5 years of life. Others at high ***risk*** of pneumococcal infections include children with congenital immunodeficiency; chronic cardiopulmonary disease; children receiving immunosuppressive chemotherapy; children with immunosuppressive neoplastic diseases; children with chronic renal insufficiency, including nephrotic syndrome; children with diabetes; and children with cerebrospinal fluid leaks. Children of Native American (American Indian and Alaska Native) or African American descent also have higher rates of invasive pneumococcal disease. Outbreaks of pneumococcal infection have occurred with increased frequency in children attending out-of-home care. Among these children, nasopharyngeal colonization rates of 60% have been observed, along with pneumococci resistant to multiple antibiotics. The administration of antibiotics to children involved in outbreaks of pneumococcal disease has had an inconsistent effect on nasopharyngeal carriage. In contrast, continuous penicillin prophylaxis in children younger than 5 years with SCD has been successful in reducing rates of pneumococcal disease by 84%. Pneumococcal polysaccharide vaccines have been recommended since 1985 for children older than 2 years who are at high risk of invasive disease, but these vaccines were not recommended for younger children and infants because of poor antibody response before 2 years of age. In contrast, pneumococcal conjugate vaccines (Prevnar) induce proposed protective antibody responses (>15 mug/mL) in >90% of infants after 3 doses given at 2, 4, and 6 months of age. After priming doses, significant booster responses (ie, immunologic memory) are apparent when additional doses are given at 12 to 15 months of age. In efficacy trials,

infant immunization with Prevnar decreased invasive infections by >93% and consolidative pneumonia by 73%, and it was associated with a 7% decrease in otitis media and a 20% decrease in tympanostomy tube placement. Adverse events after the administration of Prevnar have been limited to areas of local swelling or erythema of 1 to 2 cm and some increase in the incidence of postimmunization fever when it is given with other childhood

vaccines. Based on data in phase 3 efficacy and safety trials, the US Food and Drug Administration has provided an indication for the use of Prevnar in children younger than 24 months.

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Infections and vaccinations as risk factors for childhood Type I (insulin-dependent) diabetes mellitus: A multicentre case-control investigation

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LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 47

Aims/hypothesis. To determine if ***vaccinations*** and infections are associated with the subsequent risk of Type I (insulin-dependent)

diabetes mellitus in ***childhood***. Method. Seven centres in Europe with access to population-based registers of children with Type I diabetes diagnosed under 15 years of age participated in a case-control study of environmental ***risk*** factors. Control children were chosen at random in each centre either from population registers or from schools and polyclinics. Data on maternal and ***neonatal*** infections, common childhood infections and vaccinations were obtained for 900 cases and 2302 control children from hospital and clinic records and from parental responses to a questionnaire or interview. Results. Infections early in the child's life noted in the hospital record were found to be associated with an increased risk of diabetes, although the odds ratio of 1.61 (95% confidence limits 1.11, 2.33) was significant only after adjustment for confounding variables. None of the common childhood infectious diseases was found to be associated with diabetes and neither was there evidence that any common childhood

vaccination modified the ***risk*** of ***diabetes***. Pre-school day-care attendance, a proxy measure for total infectious disease exposure in early childhood, was found, however, to be inversely associated with ***diabetes***, with a pooled odds ratio of 0.59 (95% confidence limits 0.46, 0.76) after adjustment for confounding variables. Conclusion/interpretation. It seems likely that the explanation for these contrasting findings of an increased risk associated with perinatal infections coupled with a protective effect of pre-school day care lies in the age-dependent modifying influence of infections on the developing immune system.

13/7/36 (Item 20 from file: 73)
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Lack of association between early childhood immunizations and beta-cell autoimmunity

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CODEN: DICAD ISSN: 0149-5992

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LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 23

OBJECTIVE - To determine whether early childhood immunization history affects the risk of developing the beta-cell autoimmunity that precedes type 1 ***diabetes***. RESEARCH DESIGN AND METHODS - This article describes a case-control study whose participants were 317 children aged <=12 years who have a first-degree relative with type 1 diabetes. The children were enrolled in a prospective cohort study of the etiology of beta-cell autoimmunity, the Diabetes Autoimmunity Study in the Young, in Denver, Colorado. The main outcome measure was beta-cell autoimmunity as determined by persistent autoantibodies against insulin, GAD, or islet cell antibody (IA-2) 512. The number of cases with beta-cell autoimmunity was 25, and the number of control subjects (the remainder of the cohort) was 292. RESULTS - There was no difference between cases and control subjects in the proportion receiving hepatitis B (HBV), Haemophilus influenzae b (Hib), polio, or diphtheria tetanus pertussis (DTP) vaccines before 9 months of age; in the proportion receiving HBV at birth rather than later; or in the median age at first HBV, Hib, polio, or DTP ***vaccination***. CONCLUSIONS - The results suggest that changing the early childhood immunization schedule would not affect the risk of developing beta-cell ***autoimmunity*** or type 1 ***diabetes***.

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DIALOG(R)File 73:EMBASE
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0077667051 EMBASE/Medline No: 1999153243

Association between type 1 diabetes and Haemophilus influenzae type b vaccination: Birth cohort study

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British Medical Journal (Br. Med. J.) (United Kingdom) May 1, 1999,
318/7192 (1169-1172)
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LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 22

Objectives. To determine the effect of Haemophilus influenzae type b vaccination and its timing on the risk of type 1 diabetes in Finnish children. Design. Cumulative incidence and relative ***risk*** of type 1 diabetes was compared among three birth cohorts of Finnish children: those born during the 24 months before the H influenzae type b vaccination trial, those in the trial cohort who were vaccinated at 3 months of age and later with a booster vaccine, and those in the trial cohort who were vaccinated at 24 months of age only. The probability of type 1 diabetes was estimated using regression analysis assuming that there were no losses to 10 year follow up and no competing risks. Setting. Finland (total population 5 million and annual birth rate 1.3%). Subjects. 128,936 children born from 1 October 1983 to 1 September 1985, and 116,352 children born from 1 October 1985 to 31 August 1987. Main outcome measures. Probability of type 1 diabetes among children vaccinated with H influenzae type b and non-vaccinated children. Results. No statistically significant difference was found at any time during the 10 year follow up in the risk of type 1 diabetes between the children born before the vaccination period and those vaccinated at the age of 24 months only (relative ***risk*** 1.01). The difference in the ***risk*** between the cohort vaccinated first at the age of 3 months and the cohort vaccinated at the age of 24 months only was not statistically significant either (1.06). Conclusion. It is unlikely that H influenzae type b vaccination or its timing cause type 1 diabetes in children.

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DIALOG(R)File 73:EMBASE
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0074779495 EMBASE/Medline No: 1991285688

Invasive group B streptococcal disease in adults: A population-based study in metropolitan Atlanta

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Journal of the American Medical Association (J. AM. MED. ASSOC.) (United States) October 22, 1991, 266/8 (1112-1114)
CODEN: JAMAA ISSN: 0098-7484

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LANGUAGE: English SUMMARY LANGUAGE: English

Objective. - To define the incidence and clinical spectrum of group B streptococcus infection in adults. To characterize groups at increased risk for infection. Design. - Retrospective population-based surveillance of group B streptococcus infections occurring in adults. Patients were identified by review of microbiology records at all surveillance area

hospital laboratories. Demographic and clinical data were abstracted from patient medical records. Setting. - Metropolitan Atlanta, Ga, 1982 through 1983. Patients. - We identified 70 adult patients with invasive group B streptococcus infections; 14 infections occurred in pregnant women and 56 in nonpregnant adults. Results. - The annual incidence of group B streptococcus infection in men and nonpregnant women was 2.4 cases per 100 000 population. Incidence increased with age and was higher in blacks than in whites. The case-fatality rate was 32%. Group B streptococcus was most often isolated from blood (71%) and soft tissue (16%). Common clinical presentations included skin and soft-tissue infection (36%), bacteremia without focus (34%), pneumonia (11%), arthritis (9%), and endocarditis (9%). Compared with the general population's ***risk*** of infection, the risk of infection in persons with diabetes mellitus was increased 10.5-fold (95% confidence interval [CI], 7.8 to 14.4); in persons with cancer, it was increased 16.4-fold (95% CI, 11.5 to 23.3). Conclusions. - Group B streptococcus infections cause serious disease in adults as well as in neonates, providing an additional rationale for ***vaccine*** development. Determining the incidence of adult disease and groups at greatest risk will help in focusing prevention efforts.

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DIALOG(R)File 73:EMBASE
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0069548023 EMBASE/Medline No: 18277090
Environmental risk factors in prediction of childhood prediabetes.
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2008, 44/1 (56-63)
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FILE SEGMENT: Medline
LANGUAGE: English

OBJECTIVE: The damage of beta cells occurs during the asymptomatic prodromal period called prediabetes before onset of diabetes mellitus. It is characterized by the presence of islet cell autoantibodies (ICAs). The aim of this study was to find out what environmental factors predict ICA seroconversion in healthy schoolchildren in Lithuania. MATERIAL AND METHODS: Sera from 3053 nondiabetic schoolchildren living in Lithuania were investigated for ICAs. ICAs were measured in undiluted sera by indirect immunofluorescence method. All ICA-positive and randomly selected ICA-negative children were invited to participate in the study. Response rate in the families of ICA-positive children was 100% and in ICA-negative-76.5%. Data from 13 ICA-positive and 199 ICA-negative schoolchildren were included in the analysis. Information on the environmental factors was collected via questionnaires. RESULTS: Proportions of breastfed children were similar in ICA-positive and ICA-negative schoolchildren. Full cow's milk was introduced at one month of age or earlier more often in ICA-positive than ICA-negative schoolchildren (8.3% and 1.1%, respectively; $P=0.05$). Cereal before 3 months of age was introduced more often in ICA-positive than ICA-negative schoolchildren

(7.7% and 0.5%, respectively; $P=0.01$). The mothers of cases took medicine during pregnancy more often than mothers of controls did (61.5% and 14.1%, respectively; $P<0.001$). More than half (53.8%) of ICA-positive children lived in homes where family members were smoking indoors, while this was recorded only for 26.6% of controls ($P=0.04$). CONCLUSIONS: Early introduction of cow's milk and cereal, the intake of medicine during pregnancy, and indoor smoking of family members are risk factors that predict the development of prediabetes among Lithuanian children.

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DIALOG(R)File 73:EMBASE
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0068466317 EMBASE/Medline No: 12093985

No evidence of autoimmunity in 6-year-old children immunized at birth with recombinant hepatitis B vaccine.

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FILE SEGMENT: Medline

LANGUAGE: English

OBJECTIVES: Taking into account that genetic predisposition, marked by human leukocyte antigen (HLA) class I and II genes, augments the probability of developing an autoimmune disorder after a triggering vaccination, as largely debated, we investigated the frequency of autoantibody production after recombinant hepatitis B vaccine (rHBv) in 6-year-old children immunized at birth to evaluate an association between autoimmune disorders and hepatitis B virus vaccination. METHODS: We investigated the presence of autoantibodies in 210 6-year-old children who were immunized at birth with rHBv: 200 showed anti-hepatitis B surface antigen concentrations $>$ or $=10$ mUI/mL at seroconversion (responders), and 10 were nonresponders. Data were compared with those obtained in 109 unvaccinated children. All participants were screened for the presence of antinuclear antibodies (ANAs), anti-DNA, antimitochondrial, anti-liver/kidney microsomal, antireticulin, anti-smooth muscle (SMA), and antiribosomal antibodies. All participants were also screened for the presence of antithyroid antibodies, such as antithyroglobulin and antiperoxidase, and for antibodies found in type 1 diabetes, such as tyrosine phosphatase (IA-2A) and glutamic acid decarboxylase (GADA). HLA typing was extended to all 10 nonresponders. RESULTS: Autoantibodies were found in 16 of the 200 responders: ANAs were found in 12 (6%), smooth muscle antibodies were found in 4 (2.0%), and antireticulin antibodies and endomysial antibodies were found in 1 girl with ANAs. Antithyroid antibodies, IA-2A, and GADA were not present in any of the participants. No significant difference was found in the frequency of autoantibodies between vaccinated and control children. Three of the 10 nonresponder children were SMA-positive (30% vs 2% of responders); they also carried the supertype HLA-C4A*0, DRB1*0301, DQB1*02. A family history for autoimmune disorders was present in 3 (18%; 95% confidence interval [CI]: 4.0%-45.6%) of the 16 responder infants with autoantibodies, in 15 (8.4%; 95% CI: 4.6%-13.1%) of

responder children without autoantibodies, and in 1 (10%) of the 10 nonsreponder children. CONCLUSIONS: From our data, ***vaccination*** with rHBV given during the neonatal period does not seem to increase autoantibody production in a 6-year-old children. Autoantibodies, referred to as natural autoantibodies, can be found in healthy participants, but their significance is unclear. These autoantibodies often cross-react with bacteria or tumor antigens, suggesting their importance in innate immunity. It has been demonstrated in an animal model that self-antigen can promote B-cell accumulation, and that a significant proportion of natural autoantibodies is the product of this self-antigen- dependent process. Consequently, it has been speculated that self-antigens play a positive role in recruiting B cells as a part of innate immunity, but this process carries a potential ***risk*** for unregulated growth. Spreading of the immune response is a common theme in organ-specific and systemis autoimmune diseases, and this could be initiated by exogenous agents, in genetically susceptible hosts, owing to molecular mimicry of natural antigen. Moreover, 3 (18%) of the 16 children who had autoantibodies had a family history of autoimmune diseases. Thus, it is apparent that susceptibility to autoimmunity is determined by genetic factors rather than by vaccine challenge. Among all the children considered, only 1 girl (0.5%) developed celiac disease, reflecting the prevalence described in the literature. GADA and IA-2A were not found in our children; this observation is in agreement with data showing that type 1 diabetes risk may not be altered by ***vaccinations*** administered during ***childhood***. On the contrary, a high frequency (30%) of autoantibodies, in particular SMA, was observed in the nonresponder children. The 3 SMA-positive children carried the HLA-C4Q0,DRB1*0301,DQB1*02 haplotype, a well-known predisposing factor for autoimmune disorders. On the other hand, the presence of autoantibodies to smooth muscle is known to be common in hepatitis B infection, and, it has been shown that cross-reactive immunity targeting homologous self-protein may partly account for autoantibody production. Although hepatitis B vaccination given during the neonatal period does not increase autoantibody production in 6-year-old immunized children, we deem useful a more prolonged follow-up for these nonresponder children carrying certain HLA haplotypes (such as C4AQ0,DRB1*0301,DQB1*02), particularly because most autoimmune diseases do not develop until later in life.

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 DIALOG(R)File 73:EMBASE
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0068330867 EMBASE/Medline No: 11731639
 Childhood vaccinations, vaccination timing, and
 risk of type 1 ***diabetes*** mellitus.
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 FILE SEGMENT: Medline
 LANGUAGE: English

OBJECTIVES: To evaluate suggested associations between childhood vaccinations, particularly against hepatitis B and Haemophilus influenzae type b, and risk of developing type 1 diabetes; and to determine whether timing of vaccination influences *****risk*****. **METHODS:** We conducted a case-control study within 4 health maintenance organizations (HMOs) that participate in the Vaccine Safety Datalink project of the Centers for Disease Control and Prevention. Study eligibility was restricted to children who met the following criteria: 1) born during 1988 through 1997; 2) HMO member since birth; 3) continuously enrolled for first 6 months of life; and 4) at least 12 months of HMO membership before diabetes incidence date (or index date for controls) unless incidence date was before 12 months of age. All 4 HMOs maintain registries of their members who have diabetes, and we used the registries to identify potential cases of diabetes. We conducted chart reviews to verify that potential cases met the World Health Organization epidemiologic case definition for type 1 diabetes mellitus (ie, a physician's diagnosis of diabetes plus treatment with daily insulin injections). We defined the incidence date of diabetes as the first date that the child received a diagnosis of diabetes. We attempted to match 3 controls to each case. Controls had the same eligibility criteria as cases and were matched to individual cases on HMO, sex, date of birth (within 7 days), and length of health plan enrollment (up to the incidence or index date). The index date for controls was defined as the incidence date of the case to which the control was matched. Chart abstraction was performed by trained chart abstractors using standardized forms. In addition to complete vaccination histories, the chart abstraction forms for both cases and controls included information on sociodemographic characteristics, selected medical conditions, history of breastfeeding, and family medical history. We used conditional logistic regression to estimate the odds ratio (OR) of diabetes associated with vaccination, with vaccine exposure defined as before the diabetes incidence date (or index date for controls). **RESULTS:** Two hundred fifty-two confirmed cases of diabetes and 768 matched controls met the study eligibility criteria. The OR (95% confidence interval) for the association with type 1 diabetes was 0.28 (0.07-1.06) for whole cell pertussis vaccine (predominantly in combination as diphtheria, tetanus toxoids and pertussis vaccine), 1.36 (0.70-2.63) for measles-mumps-rubella, 1.14 (0.51-2.57) for Haemophilus influenzae type b, 0.81 (0.52-1.27) for hepatitis B vaccine, 1.16 (0.72-1.89) for varicella vaccine, and 0.92 (0.53-1.57) for acellular pertussis-containing vaccines. Compared with children who had not received hepatitis B vaccine, the OR of diabetes was 0.51 (0.23-1.15) for children vaccinated at birth and 0.86 (0.54-1.35) for those first vaccinated against hepatitis B at 2 months of age or later. Race and ethnicity and family history of diabetes were independently associated with risk of type 1 diabetes, but adjustment for these factors did not materially alter the ORs for any of the vaccines. **CONCLUSIONS:** In this large, population-based, case-control study, we did not find an increased risk of type 1 diabetes associated with any of the routinely recommended *****childhood***** *****vaccines*****. Our study adds to previous research by providing data on newer vaccines, including hepatitis B, acellular pertussis, and varicella *****vaccines*****. For the older vaccines, our results are generally in agreement with previous studies in not finding any increased risks. Ours is the first epidemiologic study to evaluate the possibility that timing of vaccination is related to risk of clinical *****diabetes***** in children. Our results on hepatitis B vaccine do not support the hypothesis; risk of type 1 diabetes was not different between infants vaccinated at birth and those who received their first vaccination later in life. The results of our study and the preponderance of epidemiologic evidence do not support an association between any of the recommended childhood vaccines and an increased *****risk***** of type 1 *****diabetes*****. Suggestions that diabetes risk in humans may be altered by changes in the timing

of vaccinations also are unfounded.

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DIALOG(R)File 73:EMBASE
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0068119168 EMBASE/Medline No: 10920170

American Academy of Pediatrics. Committee on Infectious Diseases.
Technical report: prevention of pneumococcal infections, including the use
of pneumococcal conjugate and polysaccharide vaccines and antibiotic
prophylaxis.

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CORRESP. AUTHOR/AFFIL: Overturf G.D.

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(367-376)

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FILE SEGMENT: Medline

LANGUAGE: English

Pneumococcal infections are the most common invasive bacterial infections in children in the United States. The incidence of invasive pneumococcal infections peaks in children younger than 2 years, reaching rates of 228/100,000 in children 6 to 12 months old. Children with functional or anatomic asplenia (including sickle cell disease [SCD]) and children with human immunodeficiency virus infection have pneumococcal infection rates 20- to 100-fold higher than those of healthy children during the first 5 years of life. Others at high ***risk*** of pneumococcal infections include children with congenital immunodeficiency; chronic cardiopulmonary disease; children receiving immunosuppressive chemotherapy; children with immunosuppressive neoplastic diseases; children with chronic renal insufficiency, including nephrotic syndrome; children with diabetes; and children with cerebrospinal fluid leaks. Children of Native American (American Indian and Alaska Native) or African American descent also have higher rates of invasive pneumococcal disease. Outbreaks of pneumococcal infection have occurred with increased frequency in children attending out-of-home care. Among these children, nasopharyngeal colonization rates of 60% have been observed, along with pneumococci resistant to multiple antibiotics. The administration of antibiotics to children involved in outbreaks of pneumococcal disease has had an inconsistent effect on nasopharyngeal carriage. In contrast, continuous penicillin prophylaxis in children younger than 5 years with SCD has been successful in reducing rates of pneumococcal disease by 84%. Pneumococcal polysaccharide vaccines have been recommended since 1985 for children older than 2 years who are at high risk of invasive disease, but these vaccines were not recommended for younger children and infants because of poor antibody response before 2 years of age. In contrast, pneumococcal conjugate vaccines (Prevnar) induce proposed protective antibody responses (>.15 microg/mL) in >90% of infants after 3 doses given at 2, 4, and 6 months of age. After priming doses, significant booster responses (ie, immunologic memory) are apparent when additional doses are given at 12 to 15 months of age. In efficacy trials, infant immunization with Prevnar decreased invasive infections by >93% and consolidative pneumonia by 73%, and it was associated with a 7% decrease in otitis media and a 20% decrease in tympanostomy tube placement. Adverse events after the administration of Prevnar have been limited to areas of local swelling or erythema of 1 to 2 cm and some increase in the incidence of postimmunization fever when it is given with other childhood

vaccines. Based on data in phase 3 efficacy and safety trials, the US Food and Drug Administration has provided an indication for the use of

Prevnar in children younger than 24 months.

13/7/43 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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18396785 PMID: 17445314

Uptake of pneumococcal polysaccharide vaccine in at-risk populations in England and Wales 1999-2005.

Pebody R G; Hippisley-Cox J; Harcourt S; Pringle M; Painter M; Smith G
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Epidemiology and infection (England) Mar 2008, 136 (3) p360-9,
ISSN 0950-2688--Print 0950-2688--Linking Journal Code: 8703737

Publishing Model Print-Electronic

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Languages: ENGLISH

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Record type: MEDLINE; Completed

The UK has had a pneumococcal polysaccharide vaccination (PPV) programme for groups at higher risk of invasive disease since 1992. This paper presents data from a sample of primary-care practices (Q-RESEARCH) of PPV uptake in patients according to their risk status. Of 2.9 million registered patients in 2005, 2.1% were vaccinated with PPV in the preceding 12 months and 6.5% in the preceding 5 years. Twenty-nine per cent of the registered population fell into one or more ***risk*** groups. The proportion of each risk group vaccinated in the previous 5 years ranged from 69% (cochlear implants), 53.4% (splenic dysfunction), 36.5% (chronic heart disease), 34.7% (***diabetes***), 22.9% (immunosuppressed), 28.7% (chronic renal disease), 15.9% (sickle cell disease) to 12.6% (chronic respiratory disease). Uptake was lower in areas where the non-white proportion of population was >10%. In conclusion, there remain large gaps in the uptake of PPV in several high-risk populations in the United Kingdom. Effective strategies need to be developed to address these deficiencies.

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DIALOG(R)File 155:MEDLINE(R)
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17840661 PMID: 17276994

Hepatitis B vaccine and risk of relapse after a first
childhood episode of CNS inflammatory demyelination.

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p1105-10, ISSN 1460-2156--Electronic 0006-8950--Linking Journal Code:
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Document type: Comparative Study; Journal Article; Research Support,
Non-U.S. Gov't

Languages: ENGLISH

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Record type: MEDLINE; Completed

Public concern about possible increases in the risk of multiple sclerosis

associated with hepatitis B vaccination has led to low vaccination coverage. We investigated whether this ***vaccination*** after a first episode of acute CNS inflammatory demyelination in childhood increased the risk of conversion to multiple sclerosis. We studied the French Kid Sclèrose en Plaques (KIDSEP) neuropaediatric cohort of patients enrolled between 1994 and 2003 from their first episode of acute CNS inflammatory demyelination (inclusion in the cohort) until the occurrence of a second episode, up to 2005. A Cox proportional hazards model of time-dependent vaccine exposure was used to evaluate the effect of vaccination (hepatitis B, tetanus) during follow-up on the risk of second episode occurrence (conversion to multiple sclerosis). The cohort included 356 subjects with a mean follow-up of 5.8 years (SD 2.7). Relapse occurred in 146 (41%) subjects during follow-up; 33 subjects were exposed to hepatitis B vaccine and 28 to tetanus vaccine at some time during follow-up. The adjusted hazard ratio (HR) for relapse occurring within 3 years of hepatitis B vaccination was 0.78 (0.32-1.89) and during any time period was 1.09 (0.53-2.24). The adjusted HR for relapse occurring within 3 years of tetanus vaccination was 0.99 (0.58-1.67) and during any time period was 1.08 (0.63-1.83). We conclude that ***vaccination*** against hepatitis B or tetanus after a first episode of CNS inflammatory demyelination in childhood does not appear to increase the risk of conversion to multiple sclerosis, although the possibility of a small increase in risk cannot be excluded.

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Date of Electronic Publication: 20070201

13/7/45 (Item 3 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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17027385 PMID: 16274715

The double burden of communicable and non-communicable diseases in developing countries.

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Transactions of the Royal Society of Tropical Medicine and Hygiene (England) Mar 2006, 100 (3) p191-9, ISSN 0035-9203--Print 0035-9203--Linking Journal Code: 7506129

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Now, at the dawn of the third millennium, non-communicable diseases are sweeping the entire globe. There is an increasing trend in developing countries, where the demographic and socio-economic transition imposes more constraints on dealing with the double burden of infectious and non-infectious diseases in a poor environment, characterized by ill-health systems. It is predicted that, by 2020, non-communicable diseases will cause seven out of every ten deaths in developing countries. Among non-communicable diseases, special attention is devoted to cardiovascular disease, diabetes, cancer and chronic pulmonary disease. The burden of these conditions affects countries worldwide but with a growing trend in developing countries. Preventative strategies must take into account the growing trend of risk factors correlated to these diseases. In parallel, despite the success of vaccination programmes for polio and some childhood diseases, other diseases like AIDS, tuberculosis, malaria and dengue are still out of control in many regions of the globe. This

paper is a brief review of recent literature dealing with communicable and non-communicable diseases in developing countries. It gives a global view of the main diseases and their impact on populations living in low- and middle-income nations. (56 Refs.)

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16543211 PMID: 15859175

Safety and immunogenicity of a combined vaccine against hepatitis A and B in patients with autoimmune hepatitis.

Beran J; Dedek P; Stepanova V; Spliio M; Pozler O

Department of Infectious Diseases, University Hospital, Hradec Kralove, Czech Republic. jiri.beran@vakcinace.cz

Central European journal of public health (Czech Republic) Mar 2005, 13 (1) p20-3, ISSN 1210-7778--Print 1210-7778--Linking Journal Code: 9417324

Publishing Model Print

Document type: Journal Article; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Patients with autoimmune hepatitis (AIH) are a group at risk of disease exacerbation or relapse of the underlying disease should they fall ill with infectious hepatitis A (HAV) or B (HBV). Therefore, it seems appropriate to protect this group of persons against HAV and HBV disease by vaccination. An open study evaluated the safety, reactogenicity and immunogenicity of a combined HAV and HBV vaccine in 10 patients with AIH (6 patients aged 1-15 years and four patients aged 16+ years). The vaccine was administered using a three-dose vaccination schedule (0, 1 and 6 months). The vaccine course was well tolerated, safe and did not aggravate the clinical course of the underlying disease. Patients responded with 100% seroconversion for antibody to the HAV vaccine component and geometric mean antibody concentration (GIVIC) comparable to healthy cohorts. Response to the HBV component antigen was comparable to previous reports of HBV vaccination in immune compromised individuals with lower GMC than observed in healthy populations. One month after the third vaccine dose (month 7), all six vaccinees in the 1-15 years age group developed protective levels of anti-HBs as compared to two of the four vaccinees in the 16+ years age group.

Record Date Created: 20050429

Record Date Completed: 20050526

13/7/47 (Item 5 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

16194211 PMID: 15487099

Routine childhood vaccinations did not increase the ***risk*** of incident type 1 ***diabetes*** in Danish children.

Carrier Judith

School of Nursing and Midwifery Studies, Cardiff University, Caerleon, South Wales, UK.

Evidence-based nursing (England) Oct 2004, 7 (4) p121, ISSN 1367-6539--Print 1367-6539--Linking Journal Code: 9815947

Publishing Model Print; Comment on N Engl J Med. 2004 Apr
1;350(14):1398-404 PMID 15070789
Document type: Comment; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: PubMed not MEDLINE
Record Date Created: 20041015
Record Date Completed: 20041018

13/7/48 (Item 6 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

15476250 PMID: 12889689

Infections and risk of type I diabetes in childhood: a
population-based case-control study.

Altobelli Emma; Petrocelli Reimondo; Verrotti Alberto; Valenti Marco
Department of Internal Medicine and Public Health, University of
L'Aquila, Italy. emmaalto@tin.it

European journal of epidemiology (Netherlands) 2003, 18 (5) p425-30
, ISSN 0393-2990--Print 0393-2990--Linking Journal Code: 8508062

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

OBJECTIVE: This study focuses on the evaluation of some infectious
diseases as ***risk*** determinants of type I ***diabetes*** mellitus (DM).
METHODS: A population-based case-control study was carried out by referring
to the type I DM population-based register of the Abruzzo region of Italy
as it includes all type I DM cases since January 1 1990, the point at which
the register became operative. The pediatric population (age: 0-14), living
in the same municipalities of the cases, was selected as the control
population. Data were collected through questionnaires submitted by a
physician to parents of cases and controls. Conditional logistic regression
models were used to evaluate association between determinants and onset of
type I DM. RESULTS: The ***risk*** of ***diabetes*** for children exposed
to only one infection (morbili, parotitis, rubella, pertussis or
varicella) is not statistically significant: OR: 0.778; CI: 0.427-1.370. On
the contrary, when two infections are contracted statistically significant
results occur: OR: 2.375; CI: 1.149-4.914; for more than two infections
values are: OR: 6.786; CI: 2.881-17.877. No substantial difference in odds
ratios (ORs) after adjustment for confounding variables was found. A
significant decrease in OR was noted for pertussis and MMR vaccinations,
respectively: OR: 0.015; CI: 0.001-0.251; OR: 0.400; CI: 0.201-0.799.
CONCLUSIONS: Since the higher the number of contracted infections, the
higher the risk of diabetes, contracted infections can be
considered potential accelerating factors of clinical manifestation of type
I DM. Therefore multiple exposures might speed up the onset of
diabetes in children. This study suggests the utility of applying the
risk model method to wider populations, especially if the
geographical variability of standardised incidence rates of type I DM in
pediatric age is taken into consideration.

Record Date Created: 20030731

Record Date Completed: 20031105

13/7/49 (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

15214608 PMID: 12556276

Vaccines for persons at high risk due to medical conditions, occupation, environment, or lifestyle, 2003.

Zimmerman Richard Kent; Middleton Donald B; Smith Natalie J

Department of Family Medicine and Clinical Epidemiology, University of Pittsburgh School of Medicine, Pittsburgh, PA 15621, USA. zimmer@pitt.edu

Journal of family practice (United States) Jan 2003, 52 (1 Suppl)

pS22-35, ISSN 0094-3509--Print 0094-3509--Linking Journal Code: 7502590

Publishing Model Print

Document type: Journal Article; Review

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The safety and efficacy of current vaccines are reviewed for high-risk populations, such as those with underlying medical conditions or occupational or lifestyle circumstances. The morbidity and mortality from vaccine-preventable diseases are high among persons with underlying medical conditions; thus, influenza and pneumococcal polysaccharide vaccines are recommended for those with cardiac disease, diabetes mellitus, or chronic obstructive pulmonary disease. For the same reasons, influenza vaccine is recommended for pregnant women and for persons with asthma. Health-care workers are at risk for acquiring and transmitting hepatitis B, measles, and influenza; hence, vaccination against these diseases is recommended. (75 Refs.)

Record Date Created: 20030130

Record Date Completed: 20030220

13/7/50 (Item 8 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

15152965 PMID: 12647838

Pertussis infection in childhood and subsequent type 1 diabetes mellitus.

Montgomery S M; Ehlin A G C; Ekblom A; Wakefield A J

Enheten for Klinisk Epidemiologi, Institutionen for medicin vid Karolinska Sjukhuset, Karolinska Institutet, Stockholm, Sweden. Scott.Montgomery@medks.ki.se

Diabetic medicine - a journal of the British Diabetic Association (England) Dec 2002, 19 (12) p986-93, ISSN 0742-3071--Print 0742-3071--Linking Journal Code: 8500858

Publishing Model Print; Comment in Diabet Med. 2004 Apr;21(4):397-8; author reply 398-9 PMID 15049949

Document type: Journal Article; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

AIMS: Pertussis has been implicated but not proven as a risk for Type 1 ***diabetes*** mellitus (DM). Previous studies have investigated paediatric, but not adult-onset Type 1 DM. We investigated association of pertussis exposures and Type 1 DM with follow-up into adulthood. METHODS: Longitudinal analysis of 16 820 members (100 with Type 1 DM) of two nationally representative British birth cohorts (the 1970 British Cohort Study (BCS70) and the National Child Development Study (NCDS)) followed from birth to ages 30 years (BCS70) and 42 years (NCDS). Cox regression analysis with age of onset for Type 1 DM as the dependent variable investigated relationships with pertussis infection and immunization, modelled as time-dependent co-variables. Simultaneous adjustment was made for Wild measles, mumps and chickenpox infections; tetanus and smallpox immunizations; sex, parental social class and cohort. The potential

confounding factors were modelled as fixed co-variates. RESULTS: Cox regression analysis produced adjusted odds ratios (ORs) (with 95% confidence intervals (CIs)) of 2.21 (1.35-3.59) and 0.73 (0.49-1.05) for Type 1 DM (with onset at any age) associated with pertussis infections and immunization (trend over number of vaccinations), respectively. Adjusted ORs from Cox regression for Type 1 DM with onset after age 10 years are 2.59 (1.56-4.30) for pertussis infection and 0.63 (0.42-0.94) for pertussis immunization. None of the other infections or immunizations are notably associated with Type 1 DM. CONCLUSIONS: Some pertussis infections may be a risk for Type 1 DM and immunization may confer protection. Further research should consider delayed Type 1 DM following pertussis exposures.

Record Date Created: 20030321

Record Date Completed: 20030507

13/7/51 (Item 9 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

15131188 PMID: 12530114

Vaccines, viruses, and voodoo.

Borchers Andrea T; Keen Carl L; Shoenfeld Yehuda; Silva Joseph; Gershwin M Eric

Division of Rheumatology, Allergy and Clinical Immunology, University of California at Davis, Davis, CA, USA.

Journal of investigational allergology & clinical immunology - official organ of the International Association of Asthmology (INTERASMA) and Sociedad Latinoamericana de Alergia e Inmunologia (Germany) 2002, 12 (3) p155-68, ISSN 1018-9068--Print 1018-9068--Linking Journal Code: 9107858

Publishing Model Print

Document type: Journal Article; Review

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Vaccinations are invaluable in protection from a wide variety of diseases that can cause substantial morbidity and mortality. Although a rare complication of vaccination, autoimmune disorders represent one of these morbidities. Recently, widespread public concern has arisen from case reports suggesting that--similar to what has been observed after natural viral infections--there might be an association between specific immunizations and autoimmune diseases. Herein we address the biological plausibility of such a connection, focusing particularly on the examples of hepatitis B, rubella, and measles-mumps-rubella (MMR) vaccinations, and the

autoimmune diseases they are potentially associated with. Our review of the available data suggests that, for the general population, the

risk : benefit ratio is overwhelmingly in favor of vaccinations. However, the possibility cannot be ruled out that, in genetically susceptible individuals, vaccination can result in the unmasking of an

autoimmune disease triggered by the immunization. We also critically examine the existing data suggesting a link between immunization against MMR and autism, and briefly discuss the controversial evidence pointing to a possible relationship between mercury exposure from vaccines and autistic disorders. There is a continued urgent need for rigorously designed and executed studies addressing these potential associations, although the use of vaccinations remains a critical public health tool for protection against infectious disease. (119 Refs.)

Record Date Created: 20030117

Record Date Completed: 20030702

13/7/52 (Item 10 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13822724 PMID: 10895848

No major association of breast-feeding, vaccinations, and childhood viral diseases with early islet autoimmunity in the German BABYDIAB Study.

Hummel M; Fuchtenbusch M; Schenker M; Ziegler A G
Diabetes Research Institute and the Third Medical Department, Hospital Munchen-Schwabing, Munich, Germany.

Diabetes care (UNITED STATES) Jul 2000, 23 (7) p969-74, ISSN 0149-5992--Print 0149-5992--Linking Journal Code: 7805975

Publishing Model Print; Comment in Diabetes Care. 2001 Jan;24(1):180-2 PMID 11194231

Document type: Journal Article; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

OBJECTIVE: Environmental factors have been suggested to play an important role in the pathogenesis of type 1 diabetes. The aim of this study was to assess the influence of breast-feeding, vaccinations, and childhood viral diseases on the initiation of islet autoimmunity in early ***childhood***. RESEARCH DESIGN AND METHODS: Data were prospectively collected from questionnaires obtained at birth, at 9 months of age, and at 2 years of age in 823 offspring from parents with type 1 diabetes. By 2 years of age, 31 offspring had islet antibodies, and 10 developed overt diabetes by the time of follow-up. RESULTS: In offspring from mothers with type 1 diabetes, duration of exclusive and total breast-feeding did not differ between islet antibody-positive and -negative children, regardless of HLA genotype, and breast-feeding of 3 months or longer was not associated with protection from antibody development or diabetes onset. In offspring from diabetic fathers, non-statistically significant reductions in exclusive and total breast-feeding times were observed in the antibody-positive cohort. Neither type nor quantity of vaccinations (including Bacille Calmette-Guerin vaccine; haemophilus influenzae vaccine; diphtheria, tetanus, and pertussis vaccine; tick-born encephalitis vaccine; or measles, mumps, and rubella vaccine) were associated with the development of islet antibodies and diabetes. Measles, mumps, and rubella were not reported in children with islet antibodies or diabetes. CONCLUSIONS: This study showed no evidence that proposed environmental factors affect islet antibody development in the first 2 years of life in offspring from parents with type 1 diabetes.

Record Date Created: 20001017

Record Date Completed: 20001030

13/7/53 (Item 11 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13775851 PMID: 10841021

Hemophilus vaccine associated with increased risk of diabetes
: causality likely.

Classen J B; Classen D C

Diabetes care (UNITED STATES) Jun 2000, 23 (6) p872-3, ISSN 0149-5992--Print 0149-5992--Linking Journal Code: 7805975

Publishing Model Print; Comment on Diabetes Care. 1999 Oct;22(10):1694-7 PMID 10526737

Document type: Comment; Letter

Languages: ENGLISH

Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 20000918
Record Date Completed: 20000918

13/7/54 (Item 12 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13651559 PMID: 10663215

Infections and vaccinations as risk factors for childhood type I (insulin-dependent) diabetes mellitus: a multicentre case-control investigation. EURODIAB Substudy 2 Study Group.

Diabetologia (GERMANY) Jan 2000, 43 (1) p47-53, ISSN 0012-186X--
Print 0012-186X--Linking Journal Code: 0006777

Publishing Model Print; Comment in Diabetologia. 2000 May;43(5):684 PMID 10855546

Document type: Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

AIMS/HYPOTHESIS: To determine if vaccinations and infections are associated with the subsequent risk of Type I (insulin-dependent) ***diabetes*** mellitus in ***childhood***. METHOD: Seven centres in Europe with access to population-based registers of children with Type I diabetes diagnosed under 15 years of age participated in a case-control study of environmental ***risk*** factors. Control children were chosen at random in each centre either from population registers or from schools and polyclinics. Data on maternal and ***neonatal*** infections, common childhood infections and vaccinations were obtained for 900 cases and 2302 control children from hospital and clinic records and from parental responses to a questionnaire or interview. RESULTS: Infections early in the child's life noted in the hospital record were found to be associated with an increased risk of diabetes, although the odds ratio of 1.61 (95% confidence limits 1.11, 2.33) was significant only after adjustment for confounding variables. None of the common childhood infectious diseases was found to be associated with diabetes and neither was there evidence that any common childhood ***vaccination*** modified the ***risk*** of ***diabetes***. Pre-school

day-care attendance, a proxy measure for total infectious disease exposure in early childhood, was found, however, to be inversely associated with ***diabetes***, with a pooled odds ratio of 0.59 (95% confidence limits 0.46, 0.76) after adjustment for confounding variables. CONCLUSION/INTERPRETATION: It seems likely that the explanation for these contrasting findings of an increased risk associated with perinatal infections coupled with a protective effect of pre-school day care lies in the age-dependent modifying influence of infections on the developing immune system.

Record Date Created: 20000302

Record Date Completed: 20000302

13/7/55 (Item 13 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13638982 PMID: 10648112

Vaccination and autoimmunity.

Nossal G J
Department of Pathology, The University of Melbourne, Parkville,
Victoria, 3052, Australia.
Journal of autoimmunity (ENGLAND) Feb 2000, 14 (1) p13-5, ISSN
0896-8411--Print 0896-8411--Linking Journal Code: 8812164
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 20000320
Record Date Completed: 20000320

13/7/56 (Item 14 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13638980 PMID: 10648110
Vaccination and autoimmunity-'vaccinosis': a dangerous liaison?
Shoenfeld Y; Aron-Maor A
Department of Internal Medicine B, Sheba Medical Center, Tel Hashomer,
Israel. shoefel@post.tau.ac.il
Journal of autoimmunity (ENGLAND) Feb 2000, 14 (1) p1-10, ISSN
0896-8411--Print 0896-8411--Linking Journal Code: 8812164
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

The question of a connection between vaccination and autoimmune illness (or phenomena) is surrounded by controversy. A heated debate is going on regarding the causality between vaccines, such as measles and anti-hepatitis B virus (HBV), and multiple sclerosis (MS). Brain antibodies as well as clinical symptoms have been found in patients vaccinated against those diseases. Other autoimmune illnesses have been associated with vaccinations. Tetanus toxoid, influenza vaccines, polio vaccine, and others, have been related to phenomena ranging from autoantibodies production to full-blown illness (such as rheumatoid arthritis (RA)). Conflicting data exists regarding also the connection between autism and vaccination with measles vaccine. So far only one controlled study of an experimental animal model has been published, in which the possible causal relation between vaccines and autoimmune findings has been examined: in healthy puppies immunized with a variety of commonly given vaccines, a variety of autoantibodies have been documented but no frank autoimmune illness was recorded. The findings could also represent a polyclonal activation (adjuvant reaction). The mechanism (or mechanisms) of autoimmune reactions following immunization has not yet been elucidated. One of the possibilities is molecular mimicry; when a structural similarity exists between some viral antigen (or other component of the vaccine) and a self-antigen. This similarity may be the trigger to the autoimmune reaction. Other possible mechanisms are discussed. Even though the data regarding the relation between vaccination and autoimmune disease is conflicting, it seems that some autoimmune phenomena are clearly related to immunization (e.g. Guillain-Barre syndrome). The issue of the risk of vaccination remains a philosophical one, since to date the advantages of this policy have not been refuted, while the risk for

autoimmune disease has not been irrevocably proved. We discuss the pros and cons of this issue (although the temporal relationship (i.e. always 2-3 months following immunization) is impressive). Copyright 2000 Academic Press. (97 Refs.)

Record Date Created: 20000320
Record Date Completed: 20000320

13/7/57 (Item 15 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13377246 PMID: 10092301

Paramyxovirus infections in childhood and subsequent inflammatory bowel disease.

Montgomery S M; Morris D L; Pounder R E; Wakefield A J

Inflammatory Bowel Disease Study Group, Department of Medicine, Royal Free and University College Medical School, London, England.
smm@rfhsm.ac.uk

Gastroenterology (UNITED STATES) Apr 1999, 116 (4) p796-803, ISSN 0016-5085--Print 0016-5085--Linking Journal Code: 0374630

Publishing Model Print; Comment in Gastroenterology. 1999
Apr;116(4):988-9 PMID 10092322; Comment in Gastroenterology. 1999
Nov;117(5):1253-5 PMID 10610334

Document type: Journal Article; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

BACKGROUND & AIMS: Measles virus has been implicated in the etiology of both inflammatory bowel diseases (IBDs), Crohn's disease and ulcerative colitis. Subacute sclerosing panencephalitis (SSPE) is caused by atypical measles infection. This study investigated the patterns of infection that are risks for SSPE, early infection and a close temporal relationship between measles and another infection, as potential risks for IBD. METHODS: The data are from 7019 members of a nationally representative 1970 British Cohort Study. The ages of five childhood infections were recorded before onset of IBD symptoms. Diagnoses of IBD and insulin-dependent diabetes mellitus (IDDM), as a control disease, were identified by age 26 years. RESULTS: Mumps infection before age 2 years was a ***risk*** for ulcerative colitis (odds ratio, 25.12; 95% confidence interval, 6.35-99.36). Measles and mumps infections in the same year of life were significantly associated with ulcerative colitis and Crohn's disease, with odds ratios of 7.47 (2.42-23.06) and 4.27 (1.24-14.46), but not with IDDM. These relationships are independent of each other as well as sex, social class at birth, household crowding in childhood, and family history of IBD. CONCLUSIONS: Atypical paramyxovirus infections in childhood may be risk factors for later IBD.

Record Date Created: 19990414

Record Date Completed: 19990414

13/7/58 (Item 16 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13085859 PMID: 9853046

[Risks associated with vaccinations]

Les risques associes aux vaccinations.

Loupi E; Baudard S; Debois H; Pignato F

Departement de Pharmacovigilance, Laboratoire Pasteur Merieux Connaught, Lyon.

Annales de medecine interne (FRANCE) Oct 1998, 149 (6) p361-71,
ISSN 0003-410X--Print 0003-410X--Linking Journal Code: 0171744

Publishing Model Print

Document type: Comparative Study; English Abstract; Journal Article;

Review

Languages: FRENCH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Since Jenner and Pasteur, various vaccines have been developed and administered in immunization program conducted by WHO in order to diminish the circulation of pathogenic agents and eradicate some diseases. Risks associated with immunization are revealed by the collection and assessment of adverse events reported after the use of these drugs. They vary according to the type of vaccines. With high rates of immunization and a low incidence of infectious diseases, adverse events receive increasing attention. Frequent and mostly expected adverse events are reported in clinical trials. Unexpected rare adverse events are reported after marketing authorization by spontaneous reporting and post marketing surveillance studies. Post marketing surveillance should be adapted to vaccines (vaccino-vigilance) and should take into account the risk linked to the disease they may protect against. Adverse events are often temporally associated with vaccines, that does not mean they are causally related. Specific studies should be conducted to assess the causal relationship between vaccines and post immunization adverse events. In order to reduce the risk associated with immunization, a strict follow-up of recommendations, warnings and contraindications in addition to appropriate information being delivered to both vaccinees and physicians are required. (99 Refs.)

Record Date Created: 19990106

Record Date Completed: 19990106

13/7/59 (Item 17 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

11830043 PMID: 10590635

[The role of enterovirus in the pathogenesis of Insulin-dependent diabetes mellitus]

Enterovirukset diabeteksen aiheuttajia?

Hyoty H

Hyoty H. University of Tampere Medical School, Finland.

Duodecim; laaketieteellinen aikakauskirja (FINLAND) 1996, 112 (4) p243-5, ISSN 0012-7183--Print 0012-7183--Linking Journal Code: 0373207

Publishing Model Print

Document type: Editorial; Review

Languages: FINNISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

(16 Refs.)

Record Date Created: 20000912

Record Date Completed: 20000912

13/7/60 (Item 18 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

10968511 PMID: 8307260

Decline of mumps antibodies in type 1 (insulin-dependent) diabetic children and a plateau in the rising incidence of type 1 diabetes after introduction of the mumps-measles-rubella ***vaccine*** in Finland. ***Childhood*** Diabetes in Finland Study Group.

Hyoty H; Hiltunen M; Reunanen A; Leinikki P; Vesikari T; Lounamaa R; Tuomilehto J; Akerblom H K

Department of Biomedical Sciences, University of Tampere, Finland.
Diabetologia (GERMANY) Dec 1993, 36 (12) p1303-8, ISSN 0012-186X--
Print 0012-186X--Linking Journal Code: 0006777
Contract/Grant No.: DK 37957; DK; NIDDK NIH HHS United States
Publishing Model Print

Document type: Comparative Study; Journal Article; Research Support,
Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

A nationwide mumps-measles-rubella vaccination was introduced in 1982 in Finland to children aged 1.5 to 6 years and since then mumps has virtually disappeared in the country. We investigated whether this rapid epidemiological change had any impact on antibody activity against mumps virus in Type 1 (insulin-dependent) diabetic children or on the incidence of Type 1 diabetes in Finland. Two case-control series were collected before (series I and II) and three series after (series III-V) the introduction of the vaccination. IgA class mumps antibody levels were significantly higher in Type 1 diabetic children than in matched control children in the first two but not in the three later series. IgG class antibody levels were similar in patients and control subjects in the first two series but significantly lower in patients than in control subjects in the three later series. The overall incidence of Type 1 diabetes in 0-14-year-old children increased until 1987 but remained about the same during 1988-1990. In 5-9-year-old children no further increase in Type 1 diabetes was seen since 1985, whereas in 0-4-year-old children the incidence continued to rise until 1990. The results suggest that the elimination of natural mumps by mumps-measles-rubella vaccination may have decreased the risk for Type 1 diabetes in Finland; a possible causal relationship is substantiated by the observed concomitant decrease in mumps antibody levels in diabetic children. However, further studies are required to determine if the vaccine virus, like natural mumps, could trigger the clinical onset of Type 1 diabetes in young children.

Record Date Created: 19940314

Record Date Completed: 19940314

13/7/61 (Item 19 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only. 2010 Dialog. All rts. reserv.

10909450 PMID: 8244444

Immune restoration in children after partial splenectomy.

Jahn S; Bauer B; Schwab J; Kirchmair F; Neuhaus K; Kiessig S T; Volk H D;
Mau H; von Baehr R; Specht U

Institute for Medical Immunology, Medical Faculty (Charite), Humboldt
University, Berlin, Germany.

Immunobiology (GERMANY) Aug 1993, 188 (4-5) p370-8, ISSN 0171-2985
--Print 0171-2985--Linking Journal Code: 8002742

Publishing Model Print

Document type: In Vitro; Journal Article; Research Support, Non-U.S.
Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Splenectomy (SE) is recognized to be a therapeutical approach in treating children with severe autoimmune diseases (chronic idiopathic thrombocytopenia; hemolytic anemia) or hypersplenism because of portal hypertension. Nevertheless, removal of a main immune organ results in elevated infection ***risk*** for these patients. Partial splenectomy (PSE) was developed as a therapeutical compromise to retain immunologically

active spleen tissue. Here, we document the analysis of immune parameters obtained from children after both partial and total splenectomy, which have been followed up for a period of more than 6 years: (i) Lymphocytes from both groups of patients failed to produce IgG in response to pokeweed mitogen in vitro. This was observed in 11/20 splenectomized patients even 10 years after operation, whereas in PSE patients a restoration of this parameter after 1-2 years was seen. (ii) In patients after PSE, but not in splenectomized persons, an elevated number of HLA-class II positive cells had been detected suggesting a different situation of immune regulation following this operation. However, in parallel with an improvement of B cell in vitro activity this parameter was found to achieve normal values. Our findings indicate that partial splenectomy may be a therapeutical alternative, if the therapeutic goal can be achieved by this procedure.

Record Date Created: 19931229

Record Date Completed: 19931229

13/7/62 (Item 20 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

06187787 PMID: 518223

Public health and preventive aspects of pulmonary tuberculosis. Infectiousness, epidemiology, risk factors, classification, and preventive therapy.

Leff A; Geppert E F

Archives of internal medicine (UNITED STATES) Dec 1979, 139 (12)

p1405-10, ISSN 0003-9926--Print 0003-9926--Linking Journal Code: 0372440

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Tuberculosis is usually of a low order of infectivity. Once treatment has begun, patients are no longer infectious to close contacts, and there is no benefit to isolating them. Among the ***risk*** factors associated with tuberculosis that reactivates after many years of dormant infection, the coexistence of silicosis, diabetes mellitus, and the postgastrectomy state with tuberculosis are reasonably well demonstrated. Preventive treatment begins with prompt institution of chemotherapy in the index case. Isoniazid is extremely effective in preventing tuberculosis infection from becoming tuberculosis disease. The benefits of BCG vaccine are controversial, and it is little used in the United States. Hepatotoxicity is a potential serious side effect of isoniazid chemoprophylaxis. Clinical monitoring for prodromal symptoms makes the drug safe and effective for patients under 35 years of age.

Record Date Created: 19800215

Record Date Completed: 19800215

13/7/63 (Item 21 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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05543617 PMID: 405808

[New aspects in the control of tuberculosis in GDR (AUTHOR'S TRANSL)]

Neue Aspekte der Tuberkulose in der DDR

Steinbruck P

Zeitschrift fur Erkrankungen der Atmungsorgane (GERMANY, EAST) 1977,

147 (1) p3-17, ISSN 0303-657X--Print 0303-657X--Linking Journal Code:

7503239

Publishing Model Print

Document type: English Abstract; Journal Article

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The development of the epidemiology of tuberculosis in GDR from 1949 is evaluated. The factors deeply influencing incidence and prevalence of tuberculosis in GDR are: the socioeconomic development of a socialist society with continuous increase of living standard and social funds, the state of the socialist public health system in general, and the special services and methods for the control of tuberculosis in the chest clinics and hospitals. Tuberculosis is no more a common disease in GDR. Tubercle bacilli are more ubiquitous, but are confined to distinct sources. Highest attention must be paid to the sources of infection, among them to those with tubercle bacilli already found by smear examination in the infectious cases. Microscopic examination is a very important method to find these cases. Cough and sputum exist in most cases of pulmonary tuberculosis already positive by smear examination. All these conditions must be regarded in the control of tuberculosis. The ***risk*** groups of tuberculosis (patients in the 5 years after treatment, patients with silicosis diabetes, long lasting treatment with corticosteroids, persons with contacts to infectious cases, and the so-called "Gesunde Befundtrager" (healthy carriers of lesions), persons older than 65 years) amount to 7% of the population but yield more than 50% of all new cases. BCG-vaccination is of no more high importance at an annual infection rate of only 0,25% (1975), but newborns will be vaccinated. Mass X-ray examinations are no more important for finding tuberculosis; but other pulmonary diseases including bronchial carcinoma are detected by this way. X-ray examinations will remain of value in the form of aimed examinations in intervals according to the risk of disease (for tuberculosis, bronchial carcinoma). The most important method in the control of tuberculosis is the immediate treatment of all new cases. The results depend on the quality of therapy. It has to be still improved. It is the aim, to eliminate tuberculosis as a special problem of public health in GDR till 1982, 100 years after the discovery of the tubercle bacilli by ROBERT KOCH.

Record Date Created: 19770718

Record Date Completed: 19770718

13/7/64 (Item 1 from file: 399)

DIALOG(R) File 399:CA SEARCH(R)

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149029952 CA: 149(2)29952t CONFERENCE PROCEEDING

Immunogenicity in high-risk and immunocompromised children and adults

AUTHOR(S): French, Neil; Nachman, Sharon; Pelton, Stephen I.

LOCATION: Infectious Disease Epidemiology Unit, Karonga Prevention Study, London School of Hygiene and Tropical Medicine, Chilumba, Malawi,

JOURNAL: Pneumococcal Vaccines (Pneumococcal Vaccines) EDITOR: Siber, George R. (Ed), Klugman, Keith P. (Ed), Makela, P. Helena (Ed), DATE: 2008

PAGES: 261-275 CODEN: 69KNDR LANGUAGE: English PUBLISHER: American Society for Microbiology, Washington, D. C ISBN: 978-1-55581-408-3

SECTION:

CA215000 Immunochemistry

IDENTIFIERS: review conjugate vaccine immunocompromise pneumococcal disease human

DESCRIPTORS:

Development, mammalian postnatal...

child; immunogenicity of pneumococcal conjugate vaccine in high risk and immunocompromised children and adults

Diabetes mellitus... Heart,disease... Human immunodeficiency virus 1...
Human... Lung,disease... Vaccines...
immunogenicity of pneumococcal conjugate vaccine in high risk and
immunocompromised children and adults
Disease,animal...
Pneumococcal; immunogenicity of pneumococcal conjugate vaccine in high
risk and immunocompromised children and adults

13/7/65 (Item 2 from file: 399)
DIALOG(R)File 399:CA SEARCH(R)
(c) 2010 American Chemical Society. All rts. reserv.

138037717 CA: 138(4)37717h JOURNAL
Ten years of experience with the trivalent split-influenza vaccine,
Fluarix
AUTHOR(S): Hehme, Norbert W.; Kuenzel, Walter; Petschke, Frank; Tuerk,
Gisela; Raderecht, Carmen; van Hoecke, Christian; Saenger, Roland
LOCATION: GlaxoSmithKline Biologicals, Dresden, Germany,
JOURNAL: Clin. Drug Invest. (Clinical Drug Investigation) DATE: 2002
VOLUME: 22 NUMBER: 11 PAGES: 751-769 CODEN: CDINFR ISSN: 1173-2563
LANGUAGE: English PUBLISHER: Adis International Ltd.
SECTION:
CA215002 Immunochemistry
IDENTIFIERS: Fluarix vaccine antibody elderly infant child adolescent
influenza prevention
DESCRIPTORS:
Development,mammalian postnatal...
adolescent; trivalent split-influenza vaccine Fluarix for prevention of
influenza in humans
Development,mammalian postnatal...
child; trivalent split-influenza vaccine Fluarix for prevention of
influenza in humans
Lung,disease...
chronic obstructive, high-risk population; trivalent split-influenza
vaccine Fluarix for prevention of influenza in humans
Aging,animal...
elderly; trivalent split-influenza vaccine Fluarix for prevention of
influenza in humans
Immunosuppression... Neoplasm... Transplant and Transplantation...
high-risk population; trivalent split-influenza vaccine Fluarix for
prevention of influenza in humans
Development,mammalian postnatal...
infant; trivalent split-influenza vaccine Fluarix for prevention of
influenza in humans
Vaccines...
influenza; trivalent split-influenza vaccine Fluarix for prevention of
influenza in humans
Diabetes mellitus...
insulin-dependent, high-risk population; trivalent split-influenza
vaccine Fluarix for prevention of influenza in humans
Influenza...
prevention of; trivalent split-influenza vaccine Fluarix for prevention
of influenza in humans
Antibodies... Human... Immunization... Immunotherapy...
trivalent split-influenza vaccine Fluarix for prevention of influenza
in humans
?
PLEASE ENTER A COMMAND OR BE LOGGED OFF IN 5 MINUTES
? ds

Set	Items	Description
S1	303	(AUTOIMMUN?) (20N) (VACCIN?) (20N) (RISK)
S2	172	RD S1 (unique items)
S3	0	S2 AND CLASSEN
S4	0	S2 AND CDD
S5	0	S2 AND CDC
S6	0	S2 AND (CENTER) (20N) (DISEASE) (20N) (CONTROL)
S7	1391	DIABETES AND RISK AND VACCIN?
S8	28	S7 AND (NATIONAL(W)IMMUNIZATION OR CDC)
S9	16	RD S8 (unique items)
S10	101	CLASSEN
S11	86	RD S10 (unique items)
S12	95	(AUTOIMMUN? OR DIABETES) (30N) (RISK) AND (CHILD OR NEONAT? - OR CHILDHOOD) (20N) (VACCIN?)
S13	65	RD S12 (unique items)

PLEASE ENTER A COMMAND OR BE LOGGED OFF IN 5 MINUTES

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Set	Items	Description
S1	303	(AUTOIMMUN?) (20N) (VACCIN?) (20N) (RISK)
S2	172	RD S1 (unique items)
S3	0	S2 AND CLASSEN
S4	0	S2 AND CDD
S5	0	S2 AND CDC
S6	0	S2 AND (CENTER) (20N) (DISEASE) (20N) (CONTROL)
S7	1391	DIABETES AND RISK AND VACCIN?
S8	28	S7 AND (NATIONAL(W)IMMUNIZATION OR CDC)
S9	16	RD S8 (unique items)
S10	101	CLASSEN
S11	86	RD S10 (unique items)
S12	95	(AUTOIMMUN? OR DIABETES) (30N) (RISK) AND (CHILD OR NEONAT? - OR CHILDHOOD) (20N) (VACCIN?)
S13	65	RD S12 (unique items)

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Set	Items	Description
S1	303	(AUTOIMMUN?) (20N) (VACCIN?) (20N) (RISK)
S2	172	RD S1 (unique items)
S3	0	S2 AND CLASSEN
S4	0	S2 AND CDD
S5	0	S2 AND CDC
S6	0	S2 AND (CENTER) (20N) (DISEASE) (20N) (CONTROL)
S7	1391	DIABETES AND RISK AND VACCIN?
S8	28	S7 AND (NATIONAL(W)IMMUNIZATION OR CDC)
S9	16	RD S8 (unique items)
S10	101	CLASSEN
S11	86	RD S10 (unique items)
S12	95	(AUTOIMMUN? OR DIABETES) (30N) (RISK) AND (CHILD OR NEONAT? - OR CHILDHOOD) (20N) (VACCIN?)
S13	65	RD S12 (unique items)

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27may10 12:05:06 User208760 Session D3176.1
\$0.60 0.158 DialUnits File1
\$0.60 Estimated cost File1
\$0.02 TELNET
\$0.62 Estimated cost this search
\$0.62 Estimated total session cost 0.158 DialUnits

File 410:The Chronolog 1991-2010/ Mar
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Set	Items	Description
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27may10 12:05:28 User208760 Session D3176.2
\$0.00 0.117 DialUnits File410
\$0.00 Estimated cost File410
\$0.10 TELNET
\$0.10 Estimated cost this search
\$0.72 Estimated total session cost 0.275 DialUnits

SYSTEM:OS - DIALOG OneSearch

File 5:Biosis Previews(R) 1926-2010/May W4
(c) 2010 The Thomson Corporation

File 73:EMBASE 1974-2010/May 27
(c) 2010 Elsevier B.V.

*File 73: The archive of Medline derived records was added to Embase.

File 155:MEDLINE(R) 1950-2010/May 25
(c) format only 2010 Dialog

*File 155: Medline has been reloaded. Please see HELP NEWS154
for information.

File 399:CA SEARCH(R) 1967-2010/UD=15222
(c) 2010 American Chemical Society

*File 399: Use is subject to the terms of your user/customer agreement.
IPCR/8 classification codes now searchable as IC=. See HELP NEWSIPCR.

Set	Items	Description
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? e au=classen john ?

Ref	Items	Index-term
E1	1	AU=CLASSEN JODY
E2	57	AU=CLASSEN JOHANNES
E3	0	*AU=CLASSEN JOHN ?
E4	2	AU=CLASSEN JOHN B
E5	5	AU=CLASSEN JOHN BARTHELOW
E6	6	AU=CLASSEN JOHN J
E7	1	AU=CLASSEN JOHN N
E8	70	AU=CLASSEN JOSEPH
E9	1	AU=CLASSEN JR. C.H.
E10	2	AU=CLASSEN JULIE
E11	17	AU=CLASSEN K
E12	1	AU=CLASSEN K H M

Enter P or PAGE for more

? s e4,e5

2 AU=CLASSEN JOHN B

5 AU=CLASSEN JOHN BARTHELOW
S1 7 E4,E5
? rd sl
S2 4 RD S1 (unique items)
? t s2/3/all

2/3/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

19186989 BIOSIS NO.: 200600532384
Enhanced funding of pharmacoepidemiology through patenting the disclosure
of adverse event information
AUTHOR: Classen John B (Reprint)
AUTHOR ADDRESS: Classen Immunotherapies Inc, 6517 Montrose Ave, Baltimore,
MD 21212 USA**USA
AUTHOR E-MAIL ADDRESS: classen@vaccines.net
JOURNAL: Pharmacoepidemiology and Drug Safety 15 (6): p390-393 JUN 2006
2006
ISSN: 1053-8569
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

2/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

19003684 BIOSIS NO.: 200600349079
Method and composition for an early vaccine to protect against both common
infectious diseases and chronic immune mediated disorders or their
sequelae
AUTHOR: Classen John Barthelow
AUTHOR ADDRESS: Baltimore, MD USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents MAR 7 2006 2006
PATENT NUMBER: US 07008790 PATENT DATE GRANTED: March 07, 2006 20060307
PATENT CLASSIFICATION: 435-325 PATENT ASSIGNEE: Classen Immunotherapies,
Inc. PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

2/3/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

17402771 BIOSIS NO.: 200300361490
Clustering of cases of type 1 diabetes mellitus occurring 2-4 years after
vaccination is consistent with clustering after infections and
progression to type 1 diabetes mellitus in autoantibody positive
individuals.
AUTHOR: Classen John Barthelow (Reprint); Classen David C
AUTHOR ADDRESS: Classen Immunotherapies, Inc., 6517 Montrose Avenue,
Baltimore, MD, 21212, USA**USA
AUTHOR E-MAIL ADDRESS: classen@vaccines.net
JOURNAL: Journal of Pediatric Endocrinology and Metabolism 16 (4): p
495-508 April-May 2003 2003

MEDIUM: print
ISSN: 0334-018X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

2/3/4 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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15104068 PMID: 12482192

Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after hemophilus influenza B (HiB) immunization support causal relationship between immunization and IDDM.

Classen John Barthelow; Classen David C

Classen Immunotherapies Inc., 6517 Montrose Avenue, Baltimore, MD 21212, USA. classen@vaccines.net

Autoimmunity (England) Jul 2002, 35 (4) p247-53, ISSN 0891-6934--
Print 0891-6934--Linking Journal Code: 8900070

Publishing Model Print; Comment in Autoimmunity. 2003 May;36(3):123 PMID 12911277

Document type: Clinical Trial; Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

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Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)

? e au=classen j ?

Ref	Items	Index-term
E1	3	AU=CLASSEN I.
E2	122	AU=CLASSEN J
E3	0	*AU=CLASSEN J ?
E4	1	AU=CLASSEN J A
E5	25	AU=CLASSEN J B
E6	2	AU=CLASSEN J J
E7	3	AU=CLASSEN J M
E8	18	AU=CLASSEN J N
E9	164	AU=CLASSEN J.
E10	1	AU=CLASSEN J.-F.
E11	1	AU=CLASSEN J.A.
E12	22	AU=CLASSEN J.B.

Enter P or PAGE for more

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Ref	Items	Index-term
E13	3	AU=CLASSEN J.J.
E14	2	AU=CLASSEN J.M.
E15	8	AU=CLASSEN J.N.
E16	1	AU=CLASSEN JAN
E17	2	AU=CLASSEN JEAN-FRANCOIS
E18	2	AU=CLASSEN JEANNE M
E19	1	AU=CLASSEN JODY
E20	57	AU=CLASSEN JOHANNES
E21	2	AU=CLASSEN JOHN B

E22 5 AU=CLASSEN JOHN BARTHELOW
E23 6 AU=CLASSEN JOHN J
E24 1 AU=CLASSEN JOHN N

Enter P or PAGE for more

? s e5,e12,e21,e2
25 AU=CLASSEN J B
22 AU=CLASSEN J.B.
2 AU=CLASSEN JOHN B
122 AU=CLASSEN J
S3 171 E5,E12,E21,E2
?
? s e5,e9,e12,e2,e22
25 AU=CLASSEN J B
164 AU=CLASSEN J.
22 AU=CLASSEN J.B.
122 AU=CLASSEN J
5 AU=CLASSEN JOHN BARTHELOW
S4 338 E5,E9,E12,E2,E22
? s s4 and (vaccin?)
338 S4
728542 VACCIN?
S5 42 S4 AND (VACCIN?)
? rd s5
S6 27 RD S5 (unique items)
? t s6/3/all

6/3/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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19003684 BIOSIS NO.: 200600349079
Method and composition for an early vaccine to protect against both
common infectious diseases and chronic immune mediated disorders or their
sequelae
AUTHOR: Classen John Barthelow
AUTHOR ADDRESS: Baltimore, MD USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents MAR 7 2006 2006
PATENT NUMBER: US 07008790 PATENT DATE GRANTED: March 07, 2006 20060307
PATENT CLASSIFICATION: 435-325 PATENT ASSIGNEE: Classen Immunotherapies,
Inc. PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

6/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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17402771 BIOSIS NO.: 200300361490
Clustering of cases of type 1 diabetes mellitus occurring 2-4 years after
vaccination is consistent with clustering after infections and
progression to type 1 diabetes mellitus in autoantibody positive
individuals.
AUTHOR: Classen John Barthelow (Reprint); Classen David C
AUTHOR ADDRESS: Classen Immunotherapies, Inc., 6517 Montrose Avenue,
Baltimore, MD, 21212, USA**USA
AUTHOR E-MAIL ADDRESS: Classen@vaccines.net

JOURNAL: Journal of Pediatric Endocrinology and Metabolism 16 (4): p
495-508 April-May 2003 2003
MEDIUM: print
ISSN: 0334-018X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

6/3/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

16415738 BIOSIS NO.: 200200009249
Vaccines and the risk of insulin-dependent diabetes (IDDM): Potential
mechanism of action
AUTHOR: Classen J B (Reprint); Classen D C
AUTHOR ADDRESS: Classen Immunotherapies Inc., 6517 Montrose Avenue,
Baltimore, MD, 21212, USA**USA
JOURNAL: Medical Hypotheses 57 (5): p532-538 November, 2001 2001
MEDIUM: print
ISSN: 0306-9877
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

6/3/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13860885 BIOSIS NO.: 199799494945
Timing of immunization alters risk of diabetes
AUTHOR: Classen J B; Classen D C
AUTHOR ADDRESS: Classen Immunotherapies, 6517 Montrose Ave., Baltimore, MD
21212, USA**USA
JOURNAL: Abstracts of the Interscience Conference on Antimicrobial Agents
and Chemotherapy 36 (0): p147 1996 1996
CONFERENCE/MEETING: 36th ICAAC (International Conference of Antimicrobial
Agents and Chemotherapy) New Orleans, Louisiana, USA September 15-18,
1996; 19960915
DOCUMENT TYPE: Meeting; Meeting Abstract; Meeting Poster
RECORD TYPE: Citation
LANGUAGE: English

6/3/5 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0079995335 EMBASE/Medline No: 2004180485
Pertussis infections, vaccines and Type 1 diabetes [4] (multiple
letters)
Classen J.B.; Montgomery S.M.
Classen Immunotherapies, Inc., Baltimore, MD, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc.,
Baltimore, MD, United States

Diabetic Medicine (Diabetic Med.) (United Kingdom) April 1, 2004, 21/4
(397-399)
CODEN: DIMEE ISSN: 0742-3071

DOI: 10.1111/j.1464-5491.2004.01141.x
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English

6/3/6 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079133369 EMBASE/Medline No: 2002297137
Clustering of cases of insulin dependent diabetes (IDDM) occurring three
years after Hemophilus influenza B (HiB) Immunization support causal
relationship between immunization and IDDM
Classen J.B.; Classen D.C.
Classen Immunotherapies Inc., 6517 Montrose Avenue, Baltimore, MD 21212,
United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies Inc.,
6517 Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: classen@vaccines.net

Autoimmunity (Autoimmunity) (United Kingdom) August 31, 2002, 35/4
(247-253)
CODEN: AUIME ISSN: 0891-6934
DOI: 10.1080/08916930290028175
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 21

6/3/7 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078577487 EMBASE/Medline No: 2001183734
Immunization in the first month of life may explain decline in incidence
of IDDM in the Netherlands
Classen J.B.; Classen D.C.
Classen Immunotherapies, Inc., 6517 Montrose Avenue, Baltimore, MD 21212,
United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc.,
6517 Montrose Avenue, Baltimore, MD 21212, United States

Autoimmunity (Autoimmunity) (United Kingdom) December 1, 1999, 31/1
(43-45)
CODEN: AUIME ISSN: 0891-6934
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 9

6/3/8 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078174587 EMBASE/Medline No: 2000223917
Hemophilus vaccine associated with increased risk of diabetes:
Causality likely
Classen J.B.; Classen D.C.
Classen Immunotherapies, Inc., Baltimore, MD, United States; Classen
Immunotherapies, Inc., 6517 Montrose Ave., Baltimore, MD 21212, United
States

AUTHOR EMAIL: classen@vaccines.net
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc.,
6517 Montrose Ave., Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: classen@vaccines.net

Diabetes Care (Diabetes Care) (United States) July 11, 2000, 23/6
(872)
CODEN: DICAD ISSN: 0149-5992
DOCUMENT TYPE: Journal; Note RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 5

6/3/9 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077900735 EMBASE/Medline No: 1999387068
Immunisation and type 1 diabetes mellitus: Is there a link? (multiple
letters) [1]
Classen J.B.; Classen D.C.; Hiltunen M.; Lonnot M.; Hyoty H.
Classen Immunotherapies, Inc, Baltimore, MD, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc,
Baltimore, MD, United States

Drug Safety (Drug Saf.) (New Zealand) November 19, 1999, 21/5
(423-425)
CODEN: DRSAE ISSN: 0114-5916
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 0

6/3/10 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077881248 EMBASE/Medline No: 1999367580
Association between type 1 diabetes and Hib vaccine (multiple
letters) [3]
Classen J.B.; Classen D.C.; White H.
Classen Immunotherapies, 6517 Montrose Avenue, Baltimore, MD 21212,
United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, 6517
Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: Classen@vaccines.net

British Medical Journal (Br. Med. J.) (United Kingdom) October 23,
1999, 319/7217 (1133)
CODEN: BMJOA ISSN: 0959-8146
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 0

6/3/11 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077853938 EMBASE/Medline No: 1999340270
Vertically transmitted enteroviruses and the benefits of neonatal

immunization [17]

Classen J.B.; Classen D.C.

Classen Immunotherapies, 6517 Montrose Ave., Baltimore, MD 21212, United States

CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, 6517 Montrose Ave., Baltimore, MD 21212, United States

CORRESP. AUTHOR EMAIL: classen@vaccines.net

Diabetes Care (Diabetes Care) (United States) October 11, 1999, 22/10 (1760-1761)

CODEN: DICAD ISSN: 0149-5992

DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 7

6/3/12 (Item 8 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0077698501 EMBASE/Medline No: 1999184693

Vaccines and their real or perceived adverse effects (multiple letters) [7]

Jefferson T.O.; Rabinovich R.; Tuomilehto J.; Bedford H.; Elliman D.;

Classen J.B. ; Classen D.C.

Cochrane Centre, Oxford OX2 7LG, United Kingdom

CORRESP. AUTHOR/AFFIL: Jefferson T.O.: Cochrane Centre, Oxford OX2 7LG, United Kingdom

CORRESP. AUTHOR EMAIL: toj1@aol.com

British Medical Journal (Br. Med. J.) (United Kingdom) May 29, 1999, 318/7196 (1487-1488)

CODEN: BMJOA ISSN: 0959-8146

DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 0

6/3/13 (Item 9 from file: 73)

DIALOG(R)File 73:EMBASE

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0077660381 EMBASE/Medline No: 1999146573

Public should be told that vaccines may have long term adverse effects (multiple letters) [7]

Classen J.B.; Classen D.C.; Mansoor O.D.

Classen Immunotherapies, 6517 Montrose Avenue, Baltimore, MD 21212, United States

CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, 6517 Montrose Avenue, Baltimore, MD 21212, United States

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British Medical Journal (Br. Med. J.) (United Kingdom) January 16, 1999, 318/7177 (193)

CODEN: BMJOA ISSN: 0959-8146

DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 0

6/3/14 (Item 10 from file: 73)

DIALOG(R)File 73:EMBASE
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0077242491 EMBASE/Medline No: 1998152595

Cyclosporine induced autoimmunity in newborns prevented by early immunization

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AUTHOR EMAIL: Classen@worldnet.att.net

CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc., 6517 Montrose Avenue, Baltimore, MD 21212, United States

CORRESP. AUTHOR EMAIL: Classen@worldnet.att.net

Autoimmunity (Autoimmunity) (United Kingdom) May 25, 1998, 27/3 (135-139)

CODEN: AUIME ISSN: 0891-6934

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 17

6/3/15 (Item 11 from file: 73)

DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077059988 EMBASE/Medline No: 1997353257

The timing of pediatric immunization and the risk of insulin-dependent diabetes mellitus

Classen D.C.; ***Classen J.B.***

AUTHOR EMAIL: classen@worldnetatt.net

CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc., 6517 Montrose Avenue, Baltimore, MD 21212, United States

CORRESP. AUTHOR EMAIL: classen@worldnet.att.net

Infectious Diseases in Clinical Practice (INFECT. DIS. CLIN. PRACT.) (United States) September 1, 1997, 6/7 (449-454)

CODEN: IDCPE ISSN: 1056-9103

DOCUMENT TYPE: Journal; Article RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 36

6/3/16 (Item 12 from file: 73)

DIALOG(R)File 73:EMBASE
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0077039720 EMBASE/Medline No: 1997332970

Incidence of type 1 diabetes in Germany is not higher than predicted [3]

Classen J.B.; Classen D.C.

Classen Immunotherapies, Inc., 6517 Montrose Ave., Baltimore, MD 21212, United States

CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc., 6517 Montrose Ave., Baltimore, MD 21212, United States

CORRESP. AUTHOR EMAIL: classen@worldnet.att.net

Diabetes Care (DIABETES CARE) (United States) November 20, 1997, 20/11 (1799-1800)

CODEN: DICAD ISSN: 0149-5992

DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 6

6/3/17 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0076736134 EMBASE/Medline No: 1997029092
The timing of immunization affects the development of diabetes in rodents
Classen J.B.
Classen Immunotherapies, Inc.; Classen Immunotherapies, Inc., 6517
Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies Inc,
6517 Montrose Avenue, Baltimore, MD 21212, United States

Autoimmunity (AUTOIMMUNITY) (United Kingdom) December 1, 1996, 24/3
(137-145)
CODEN: AUIME ISSN: 0891-6934
DOCUMENT TYPE: Journal; Article RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 22

6/3/18 (Item 14 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0076423341 EMBASE/Medline No: 1996091673
Vaccines modulate IDDM [1]
Classen J.B.; Classen D.C.; Dahlquist G.; Gotheffors L.
Classen Immunotherapies Inc, 6517 Montrose Avenue, Baltimore, MD 21212,
United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies Inc,
6517 Montrose Avenue, Baltimore, MD 21212, United States

Diabetologia (DIABETOLOGIA) (Germany) April 9, 1996, 39/4 (500-502)
CODEN: DBTGA ISSN: 0012-186X
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English

6/3/19 (Item 15 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067776274 EMBASE/Medline No: 9509283
Trials without placebo controls in pre-IDDM: is there an advantage?
Classen J.B.
Classen Immunotherapies, Inc., Baltimore, Maryland, USA.
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc.,
Baltimore, Maryland, USA.

Diabetes/metabolism reviews (Diabetes Metab Rev) (United States)
December 1, 1997, 13/4 (317)
ISSN: 0742-4221
DOCUMENT TYPE: Journal; Article RECORD TYPE: Citation
FILE SEGMENT: Medline
LANGUAGE: English

6/3/20 (Item 16 from file: 73)

DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067489142 EMBASE/Medline No: 8657391
Childhood immunisation and diabetes mellitus.
Classen J.B.
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.

The New Zealand medical journal (N. Z. Med. J.) (New Zealand) May 24,
1996, 109/1022 (195)
ISSN: 0028-8446
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
FILE SEGMENT: Medline
LANGUAGE: English

6/3/21 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

15873060 PMID: 15049949
Pertussis infections, ***vaccines*** and Type 1 diabetes.
Classen J B
Diabetic medicine - a journal of the British Diabetic Association (England) Apr 2004, 21 (4) p397-8; author reply 398-9, ISSN 0742-3071
--Print 0742-3071--Linking Journal Code: 8500858
Publishing Model Print; Comment on Diabet Med. 2002
Dec;19(12):986-93 PMID 12647838
Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

6/3/22 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13621909 PMID: 10526763
Vertically transmitted enteroviruses and the benefits of neonatal immunization.
Classen J B; Classen D C
Diabetes care (UNITED STATES) Oct 1999, 22 (10) p1760-1, ISSN 0149-5992--Print 0149-5992--Linking Journal Code: 7805975
Publishing Model Print; Comment on Diabetes Care. 1999
Feb;22(2):364-5 PMID 10333962
Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

6/3/23 (Item 3 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13321662 PMID: 9888928 Record Identifier: PMC1114674
Public should be told that vaccines may have long term adverse effects.
Classen J B; Classen D C
BMJ (Clinical research ed.) (ENGLAND) Jan 16 1999, 318 (7177) p193,

ISSN 0959-8138--Print 0959-535X--Linking Journal Code: 8900488
Publishing Model Print; Cites N Engl J Med. 1990 Nov
15;323(20):1381-7 PMID 2233904; Cites BMJ. 1997 Sep 20;315(7110):713-7 PMID
9314756; Cites BMJ. 1998 Jul 18;317(7152):159-60 PMID 9665892;
Cites Diabetes Care. 1993 Dec;16(12):1606-11 PMID 7818619; Comment in BMJ.
1999 May 29;318(7196):1487-8 PMID 10419300; Comment in BMJ. 1999 May
29;318(7196):1487; author reply 1487-8 PMID 10346786

Document type: Letter
Languages: ENGLISH
Main Citation Owner: NLM
Other Citation Owner: NLM
Record type: MEDLINE; Completed

6/3/24 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13191286 PMID: 10531116 Record Identifier: PMC1116914
Association between type 1 diabetes and hib ***vaccine*** . Causal
relation is likely.

Classen J B; Classen D C
BMJ (Clinical research ed.) (ENGLAND) Oct 23 1999, 319 (7217) p1133,
ISSN 0959-8138--Print 0959-535X--Linking Journal Code: 8900488
Publishing Model Print; Cites Diabetes Care. 1993 Dec;16(12):1606-11 PMID
7818619; Cites Pediatrics. 1977 Nov;60(5):730-7 PMID 335348; Cites BMJ.
1999 May 1;318(7192):1169-72 PMID 10221937; Cites Int J Epidemiol. 1995
Oct;24(5):984-92 PMID 8557457; Cites BMJ. 1997 Sep 20;315(7110):713-7 PMID
9314756; Comment on BMJ. 1999 May 1;318(7192):1169-72 PMID 10221937

Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Other Citation Owner: NLM
Record type: MEDLINE; Completed

6/3/25 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

12580818 PMID: 9353630
Incidence of type 1 diabetes in Germany is not higher than predicted.
Classen J B; Classen D C
Diabetes care (UNITED STATES) Nov 1997, 20 (11) p1799-800, ISSN
0149-5992--Print 0149-5992--Linking Journal Code: 7805975
Publishing Model Print; Comment on Diabetes Care. 1997
Apr;20(4):530-3 PMID 9096975

Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

6/3/26 (Item 6 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

12130641 PMID: 8890866
The diabetes epidemic and the hepatitis B ***vaccines*** .
Classen J B
New Zealand medical journal (NEW ZEALAND) Sep 27 1996, 109 (1030)

p366, ISSN 0028-8446--Print 0028-8446--Linking Journal Code: 0401067
Publishing Model Print
Document type: Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

6/3/27 (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

11946799 PMID: 8778002
Vaccines modulate IDDM.
Classen J B; Classen D C
Diabetologia (GERMANY) Apr 1996, 39 (4) p500-2, ISSN 0012-186X--
Print 0012-186X--Linking Journal Code: 0006777
Publishing Model Print; Comment on Diabetologia. 1995 Jul;38(7):873-4 PMI
D 7556994
Document type: Comment; Comparative Study; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
? t s6/7/all

6/7/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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19003684 BIOSIS NO.: 200600349079
Method and composition for an early vaccine to protect against both
common infectious diseases and chronic immune mediated disorders or their
sequelae
AUTHOR: Classen John Barthelow
AUTHOR ADDRESS: Baltimore, MD USA**USA
JOURNAL: Official Gazette of the United States Patent and Trademark Office
Patents MAR 7 2006 2006
PATENT NUMBER: US 07008790 PATENT DATE GRANTED: March 07, 2006 20060307
PATENT CLASSIFICATION: 435-325 PATENT ASSIGNEE: Classen Immunotherapies,
Inc. PATENT COUNTRY: USA
ISSN: 0098-1133
DOCUMENT TYPE: Patent
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: A method of immunization, and compositions therefor, are provided
for substantially preventing or reducing the symptoms of at least one
infectious disease and at least one chronic immune mediated disorder. An
immunogenic challenge which supplements the normal childhood immunization
schedule can help ensure the proper maturation of the immune system and
prevent the development of chronic immune mediated disorders, such as
immune-mediated diabetes or SLE.

6/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

17402771 BIOSIS NO.: 200300361490
Clustering of cases of type 1 diabetes mellitus occurring 2-4 years after
vaccination is consistent with clustering after infections and

progression to type 1 diabetes mellitus in autoantibody positive individuals.

AUTHOR: Classen John Barthelow (Reprint); Classen David C

AUTHOR ADDRESS: Classen Immunotherapies, Inc., 6517 Montrose Avenue, Baltimore, MD, 21212, USA**USA

AUTHOR E-MAIL ADDRESS: Classen@vaccines.net

JOURNAL: Journal of Pediatric Endocrinology and Metabolism 16 (4): p 495-508 April-May 2003 2003

MEDIUM: print

ISSN: 0334-018X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Objective: We previously analyzed data from a hemophilus vaccine trial and identified clusters of extra cases of type 1 diabetes mellitus (T1DM) caused by the vaccine that occurred between 36 and 48 months after immunization. Published reports indicate clustering of cases of T1DM occurring approximately 2-4 years after mumps infection. Others have reported a 2-4 year delay between the onset of autoantibodies and the development of T1DM. We attempted to determine whether similar clustering of cases of T1DM occurred after immunization with ***vaccines*** other than hemophilus. Methods: We searched MEDLINE and reviewed references from published papers to find databases on the incidence of T1DM and then searched MEDLINE to determine whether changes in immunization occurred in these regions during the times the incidence of DM was being recorded. Results: Distinct rises in the incidence of T1DM occurred 2-4 years following the introduction of the MMR and pertussis ***vaccines***. A drop in the incidence of T1DM was detected between 3-4 years following discontinuation of pertussis and BCG ***vaccines***. Conclusion: The identification of clusters of cases of T1DM occurring in consistent temporal time periods allowed a link between the hemophilus ***vaccine*** and T1DM to be established. The current findings indicate there are also clusters of cases of T1DM occurring 2-4 years post-immunization with the pertussis, MMR, and BCG ***vaccine***. The data are consistent with the occurrence of clusters following mumps infection and the progression to T1DM in patients with antipancreatic autoantibodies.

6/7/3 (Item 3 from file: 5)

DIALOG(R) File 5:Biosis Previews(R)

(c) 2010 The Thomson Corporation. All rts. reserv.

16415738 BIOSIS NO.: 200200009249

Vaccines and the risk of insulin-dependent diabetes (IDDM): Potential mechanism of action

AUTHOR: Classen J B (Reprint); Classen D C

AUTHOR ADDRESS: Classen Immunotherapies Inc., 6517 Montrose Avenue, Baltimore, MD, 21212, USA**USA

JOURNAL: Medical Hypotheses 57 (5): p532-538 November, 2001 2001

MEDIUM: print

ISSN: 0306-9877

DOCUMENT TYPE: Article; Literature Review

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Immunization with a number of different vaccines, including live and killed vaccines, has been linked to the development of insulin-dependent (type 1) diabetes in humans and animals. Multiple different mechanisms have been proposed to explain the association

between ***vaccines*** and diabetes. The current paper reviews multiple different mechanisms by which vaccines are known to manipulate the immune system and can induce an autoimmune disease such as type 1 diabetes. Genetic variability may determine which of these pathways, or possible other pathways, predominate in an individual following immunization.

6/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13860885 BIOSIS NO.: 199799494945
Timing of immunization alters risk of diabetes
AUTHOR: Classen J B; Classen D C
AUTHOR ADDRESS: Classen Immunotherapies, 6517 Montrose Ave., Baltimore, MD 21212, USA**USA
JOURNAL: Abstracts of the Interscience Conference on Antimicrobial Agents and Chemotherapy 36 (0): p147 1996 1996
CONFERENCE/MEETING: 36th ICAAC (International Conference of Antimicrobial Agents and Chemotherapy) New Orleans, Louisiana, USA September 15-18, 1996; 19960915
DOCUMENT TYPE: Meeting; Meeting Abstract; Meeting Poster
RECORD TYPE: Citation
LANGUAGE: English

6/7/5 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0079995335 EMBASE/Medline No: 2004180485
Pertussis infections, vaccines and Type 1 diabetes [4] (multiple letters)
Classen J.B.; Montgomery S.M.
Classen Immunotherapies, Inc., Baltimore, MD, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc., Baltimore, MD, United States

Diabetic Medicine (Diabetic Med.) (United Kingdom) April 1, 2004, 21/4 (397-399)
CODEN: DIMEE ISSN: 0742-3071
DOI: 10.1111/j.1464-5491.2004.01141.x
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English

6/7/6 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0079133369 EMBASE/Medline No: 2002297137
Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after Hemophilus influenza B (HiB) Immunization support causal relationship between immunization and IDDM
Classen J.B.; Classen D.C.
Classen Immunotherapies Inc., 6517 Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies Inc., 6517 Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: classen@vaccines.net

Autoimmunity (Autoimmunity) (United Kingdom) August 31, 2002, 35/4
(247-253)

CODEN: AUIME ISSN: 0891-6934

DOI: 10.1080/08916930290028175

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 21

Objective: The hemophilus vaccine has been linked to the development of autoimmune type 1 diabetes, insulin dependent diabetes (IDDM) in ecological studies. Methods: We attempted to determine if the Hemophilus influenza B (HiB) vaccine was associated with an increased risk of IDDM by looking for clusters of cases of IDDM using data from a large clinical trial. All children born in Finland between October 1st, 1985 and August 31st, 1987, approximately 116,000 were randomized to receive 4 doses of the HiB vaccine (PPR-D, Connaught) starting at 3 months of life or one dose starting after 24 months of life. A control-cohort included all 128,500 children born in Finland in the 24 months prior to the HiB ***vaccine*** study. Non-obese diabetic prone (NOD) mice were immunized with a hemophilus vaccine to determine if immunization increased the risk of IDDM. Results: The difference in cumulative incidence between those receiving 4 doses and those receiving 0 doses is 54 cases of IDDM/100,000 ($P = 0.026$) at 7 years, (relative risk = 1.26). Most of the extra cases of IDDM appeared in statistically significant clusters that occurred in periods starting approximately 38 months after immunization and lasting approximately 6-8 months. Immunization with pediatric vaccines increased the risk of insulin diabetes in NOD mice. Conclusion: Exposure to HiB immunization is associated with an increased risk of IDDM. NOD mice can be used as an animal model of ***vaccine*** induced diabetes.

6/7/7 (Item 3 from file: 73)
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0078577487 EMBASE/Medline No: 2001183734

Immunization in the first month of life may explain decline in incidence of IDDM in the Netherlands

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Classen Immunotherapies, Inc., 6517 Montrose Avenue, Baltimore, MD 21212, United States

CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc., 6517 Montrose Avenue, Baltimore, MD 21212, United States

Autoimmunity (Autoimmunity) (United Kingdom) December 1, 1999, 31/1
(43-45)

CODEN: AUIME ISSN: 0891-6934

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 9

A low cumulative incidence of IDDM was reported in Dutch males born in 1962 (Diabetologia 1992: 35: 139-142) compared to males born in previous or later years. The cause for the decreased risk has not been previously explained. We propose that children born in 1962 during an European smallpox epidemic may have received the smallpox vaccine in the first month of life and this may have attributed to the decreased risk of IDDM in these children. We have shown that immunization with several different vaccines starting in the first month of life prevents diabetes in NOD

mice and BB rats (Autoimmunity 1996: 24: 137-145) while immunization at birth with the BCG vaccine is associated with an decreased risk of IDDM in humans (Infectious Diseases in Clinical Practice 1997: 6: 449-454). An even bigger decline in diabetes is seen in rodents and associated in humans when one compares immunization starting in the first month of life to immunization starting after 2 months, since the later has been associated with an increased risk of IDDM. Immunization studies in the past have typically followed patients for only several weeks to determine any unplanned affects on autoimmune disease. Due to the potential benefit of reducing the incidence of diabetes by 50% through age 18 we believe clinical trials are warranted to study the effect of timing of immunization on IDDM.

6/7/8 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
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0078174587 EMBASE/Medline No: 2000223917

Hemophilus vaccine associated with increased risk of diabetes:
Causality likely

Classen J.B.; Classen D.C.
Classen Immunotherapies. Inc., Baltimore, MD, United States; Classen
Immunotherapies, Inc., 6517 Montrose Ave., Baltimore, MD 21212, United
States
AUTHOR EMAIL: classen@vaccines.net
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc.,
6517 Montrose Ave., Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: classen@vaccines.net

Diabetes Care (Diabetes Care) (United States) July 11, 2000, 23/6
(872)
CODEN: DICAD ISSN: 0149-5992
DOCUMENT TYPE: Journal; Note RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 5

6/7/9 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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0077900735 EMBASE/Medline No: 1999387068

Immunisation and type 1 diabetes mellitus: Is there a link? (multiple
letters) [1]

Classen J.B.; Classen D.C.; Hiltunen M.; Lonnrot M.; Hyoty H.
Classen Immunotherapies, Inc, Baltimore, MD, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc,
Baltimore, MD, United States

Drug Safety (Drug Saf.) (New Zealand) November 19, 1999, 21/5
(423-425)
CODEN: DRSAE ISSN: 0114-5916
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 0

6/7/10 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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0077881248 EMBASE/Medline No: 1999367580

Association between type 1 diabetes and Hib vaccine (multiple letters) [3]

Classen J.B.; Classen D.C.; White H.

Classen Immunotherapies, 6517 Montrose Avenue, Baltimore, MD 21212, United States

CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, 6517 Montrose Avenue, Baltimore, MD 21212, United States

CORRESP. AUTHOR EMAIL: Classen@vaccines.net

British Medical Journal (Br. Med. J.) (United Kingdom) October 23, 1999, 319/7217 (1133)

CODEN: BMJOA ISSN: 0959-8146

DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 0

6/7/11 (Item 7 from file: 73)

DIALOG(R)File 73:EMBASE

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0077853938 EMBASE/Medline No: 1999340270

Vertically transmitted enteroviruses and the benefits of neonatal immunization [17]

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CORRESP. AUTHOR EMAIL: classen@vaccines.net

Diabetes Care (Diabetes Care) (United States) October 11, 1999, 22/10 (1760-1761)

CODEN: DICAD ISSN: 0149-5992

DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 7

6/7/12 (Item 8 from file: 73)

DIALOG(R)File 73:EMBASE

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0077698501 EMBASE/Medline No: 1999184693

Vaccines and their real or perceived adverse effects (multiple letters) [7]

Jefferson T.O.; Rabinovich R.; Tuomilehto J.; Bedford H.; Elliman D.;

Classen J.B. ; Classen D.C.

Cochrane Centre, Oxford OX2 7LG, United Kingdom

CORRESP. AUTHOR/AFFIL: Jefferson T.O.: Cochrane Centre, Oxford OX2 7LG, United Kingdom

CORRESP. AUTHOR EMAIL: tojl@aol.com

British Medical Journal (Br. Med. J.) (United Kingdom) May 29, 1999, 318/7196 (1487-1488)

CODEN: BMJOA ISSN: 0959-8146

DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation

LANGUAGE: English

NUMBER OF REFERENCES: 0

6/7/13 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
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0077660381 EMBASE/Medline No: 1999146573

Public should be told that vaccines may have long term adverse effects (multiple letters) [7]

Classen J.B.; Classen D.C.; Mansoor O.D.
Classen Immunotherapies, 6517 Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, 6517 Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: Classen@vaccines.net

British Medical Journal (Br. Med. J.) (United Kingdom) January 16, 1999, 318/7177 (193)
CODEN: BMJOA ISSN: 0959-8146
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 0

6/7/14 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
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0077242491 EMBASE/Medline No: 1998152595

Cyclosporine induced autoimmunity in newborns prevented by early immunization

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AUTHOR EMAIL: Classen@worldnet.att.net
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc., 6517 Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: Classen@worldnet.att.net

Autoimmunity (Autoimmunity) (United Kingdom) May 25, 1998, 27/3 (135-139)
CODEN: AUIME ISSN: 0891-6934
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 17

It has been shown in animal toxicity models that administration of Cyclosporine, CsA, to a pregnant mouse greatly increases the risk that the offspring will develop autoimmunity. Immunization starting at birth has been shown to prevent autoimmunity in other animal models of autoimmunity and early immunization is associated with the prevention of diabetes in humans. Experiments were performed to see if early immunization could also prevent CsA induced autoimmunity. Mice were injected with CsA during the first week of life and then immunized with killed human vaccines, including common pediatric vaccines, starting in the second week of life for a total of 3-4 doses. Administration of CsA during the first week of life resulted in the development of antigastric autoantibodies which were measured at week 8 of life. Only 12% of mice treated with CsA alone lacked anti-agastric antibodies compared to 61% in the group receiving the CsA and the diphtheria, tetanus, pertussis, and anthrax vaccines ($p = 0.0005$). The results indicate early immunization can prevent CsA induced

autoimmunity and provide further evidence that the effect of starting immunization in the first month should be compared to starting immunization after 2 months in humans.

6/7/15 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE
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0077059988 EMBASE/Medline No: 1997353257
The timing of pediatric immunization and the risk of insulin-dependent diabetes mellitus
Classen D.C.; ***Classen J.B.***
AUTHOR EMAIL: classen@worldnetatt.net
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc.,
6517 Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: classen@worldnet.att.net

Infectious Diseases in Clinical Practice (INFECT. DIS. CLIN. PRACT.) (United States) September 1, 1997, 6/7 (449-454)
CODEN: IDCPE ISSN: 1056-9103
DOCUMENT TYPE: Journal; Article RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 36

6/7/16 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE
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0077039720 EMBASE/Medline No: 1997332970
Incidence of type 1 diabetes in Germany is not higher than predicted [3]
Classen J.B.; Classen D.C.
Classen Immunotherapies, Inc., 6517 Montrose Ave., Baltimore, MD 21212, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc.,
6517 Montrose Ave., Baltimore, MD 21212, United States
CORRESP. AUTHOR EMAIL: classen@worldnet.att.net

Diabetes Care (DIABETES CARE) (United States) November 20, 1997, 20/11 (1799-1800)
CODEN: DICAD ISSN: 0149-5992
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 6

6/7/17 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0076736134 EMBASE/Medline No: 1997029092
The timing of immunization affects the development of diabetes in rodents
Classen J.B.
Classen Immunotherapies, Inc.; Classen Immunotherapies, Inc., 6517 Montrose Avenue, Baltimore, MD 21212, United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies Inc, 6517 Montrose Avenue, Baltimore, MD 21212, United States

Autoimmunity (AUTOIMMUNITY) (United Kingdom) December 1, 1996, 24/3 (137-145)

CODEN: AUIME ISSN: 0891-6934
DOCUMENT TYPE: Journal; Article RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 22

6/7/18 (Item 14 from file: 73)
DIALOG(R)File 73:EMBASE
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0076423341 EMBASE/Medline No: 1996091673
Vaccines modulate IDDM [1]
Classen J.B.; Classen D.C.; Dahlquist G.; Gothefors L.
Classen Immunotherapies Inc, 6517 Montrose Avenue, Baltimore, MD 21212,
United States
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies Inc,
6517 Montrose Avenue, Baltimore, MD 21212, United States

Diabetologia (DIABETOLOGIA) (Germany) April 9, 1996, 39/4 (500-502)
CODEN: DBTGA ISSN: 0012-186X
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English

6/7/19 (Item 15 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067776274 EMBASE/Medline No: 9509283
Trials without placebo controls in pre-IDDM: is there an advantage?
Classen J.B.
Classen Immunotherapies, Inc., Baltimore, Maryland, USA.
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.: Classen Immunotherapies, Inc.,
Baltimore, Maryland, USA.

Diabetes/metabolism reviews (Diabetes Metab Rev) (United States)
December 1, 1997, 13/4 (317)
ISSN: 0742-4221
DOCUMENT TYPE: Journal; Article RECORD TYPE: Citation
FILE SEGMENT: Medline
LANGUAGE: English

6/7/20 (Item 16 from file: 73)
DIALOG(R)File 73:EMBASE
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0067489142 EMBASE/Medline No: 8657391
Childhood immunisation and diabetes mellitus.
Classen J.B.
CORRESP. AUTHOR/AFFIL: ***Classen*** J.B.

The New Zealand medical journal (N. Z. Med. J.) (New Zealand) May 24,
1996, 109/1022 (195)
ISSN: 0028-8446
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
FILE SEGMENT: Medline
LANGUAGE: English

6/7/21 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

15873060 PMID: 15049949
Pertussis infections, ***vaccines*** and Type 1 diabetes.
Classen J B
Diabetic medicine - a journal of the British Diabetic Association (England) Apr 2004, 21 (4) p397-8; author reply 398-9, ISSN 0742-3071
--Print 0742-3071--Linking Journal Code: 8500858
Publishing Model Print; Comment on Diabet Med. 2002
Dec;19(12):986-93 PMID 12647838
Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 20040330
Record Date Completed: 20040630

6/7/22 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13621909 PMID: 10526763
Vertically transmitted enteroviruses and the benefits of neonatal immunization.
Classen J B; Classen D C
Diabetes care (UNITED STATES) Oct 1999, 22 (10) p1760-1, ISSN 0149-5992--Print 0149-5992--Linking Journal Code: 7805975
Publishing Model Print; Comment on Diabetes Care. 1999
Feb;22(2):364-5 PMID 10333962
Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19991116
Record Date Completed: 19991116

6/7/23 (Item 3 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13321662 PMID: 9888928 Record Identifier: PMC1114674
Public should be told that vaccines may have long term adverse effects.
Classen J B; Classen D C
BMJ (Clinical research ed.) (ENGLAND) Jan 16 1999, 318 (7177) p193, ISSN 0959-8138--Print 0959-535X--Linking Journal Code: 8900488
Publishing Model Print; Cites N Engl J Med. 1990 Nov 15;323(20):1381-7 PMID 2233904; Cites BMJ. 1997 Sep 20;315(7110):713-7 PMID 9314756; Cites BMJ. 1998 Jul 18;317(7152):159-60 PMID 9665892; Cites Diabetes Care. 1993 Dec;16(12):1606-11 PMID 7818619; Comment in BMJ. 1999 May 29;318(7196):1487-8 PMID 10419300; Comment in BMJ. 1999 May 29;318(7196):1487; author reply 1487-8 PMID 10346786
Document type: Letter
Languages: ENGLISH
Main Citation Owner: NLM
Other Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19990226

Record Date Completed: 19990226

6/7/24 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13191286 PMID: 10531116 Record Identifier: PMC1116914
Association between type 1 diabetes and hib ***vaccine*** . Causal
relation is likely.
Classen J B; Classen D C
BMJ (Clinical research ed.) (ENGLAND) Oct 23 1999, 319 (7217) p1133,
ISSN 0959-8138--Print 0959-535X--Linking Journal Code: 8900488
Publishing Model Print; Cites Diabetes Care. 1993 Dec;16(12):1606-11 PMID
7818619; Cites Pediatrics. 1977 Nov;60(5):730-7 PMID 335348; Cites BMJ.
1999 May 1;318(7192):1169-72 PMID 10221937; Cites Int J Epidemiol. 1995
Oct;24(5):984-92 PMID 8557457; Cites BMJ. 1997 Sep 20;315(7110):713-7 PMID
9314756; Comment on BMJ. 1999 May 1;318(7192):1169-72 PMID 10221937
Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Other Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19991209
Record Date Completed: 19991209

6/7/25 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

12580818 PMID: 9353630
Incidence of type 1 diabetes in Germany is not higher than predicted.
Classen J B; Classen D C
Diabetes care (UNITED STATES) Nov 1997, 20 (11) p1799-800, ISSN
0149-5992--Print 0149-5992--Linking Journal Code: 7805975
Publishing Model Print; Comment on Diabetes Care. 1997
Apr;20(4):530-3 PMID 9096975
Document type: Comment; Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19980129
Record Date Completed: 19980129

6/7/26 (Item 6 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

12130641 PMID: 8890866
The diabetes epidemic and the hepatitis B ***vaccines*** .
Classen J B
New Zealand medical journal (NEW ZEALAND) Sep 27 1996, 109 (1030)
p366, ISSN 0028-8446--Print 0028-8446--Linking Journal Code: 0401067
Publishing Model Print
Document type: Letter
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19961202

Record Date Completed: 19961202

6/7/27 (Item 7 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

11946799 PMID: 8778002

Vaccines modulate IDDM.

Classen J B; Classen D C

Diabetologia (GERMANY) Apr 1996, 39 (4) p500-2, ISSN 0012-186X--

Print 0012-186X--Linking Journal Code: 0006777

Publishing Model Print; Comment on Diabetologia. 1995 Jul;38(7):873-4 PMI
D 7556994

Document type: Comment; Comparative Study; Letter

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19960917

Record Date Completed: 19960917

? t (vaccin?) (20n) (child or children or pediatri?) (20n) (sle or lupus or diabetes or iddm)

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? s (vaccin?) (20n) (child or children or pediatri?) (20n) (sle or lupus or diabetes or iddm)

728542 VACCIN?

3139024 CHILD

1672860 CHILDREN

1718226 PEDIATRI?

59613 SLE

200375 LUPUS

1084737 DIABETES

22371 IDDM

S7 353 (VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE
OR LUPUS OR DIABETES OR IDDM)

? s (vaccin?) (20n) (child or children or pediatri?) (20n) (sle or lupus or diabetes or iddm) (30n) (family or history or predispos? or diagnos?)

Processing

728542 VACCIN?

3139024 CHILD

1672860 CHILDREN

1718226 PEDIATRI?

59613 SLE

200375 LUPUS

1084737 DIABETES

22371 IDDM

1569463 FAMILY

1685520 HISTORY

300572 PREDISPOS?

8132026 DIAGNOS?

S8 109 (VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE
OR LUPUS OR DIABETES OR IDDM) (30N) (FAMILY OR HISTORY OR
PREDISPOS? OR DIAGNOS?)

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Processing

Processing

66 S9

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10/7/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10752810 BIOSIS NO.: 199191135701
THE SWEDISH CHILDHOOD DIABETES STUDY VACCINATIONS AND INFECTIONS AS RISK
DETERMINANTS FOR DIABETES IN CHILDHOOD
AUTHOR: BLOM L (Reprint); NYSTROM L; DAHLQUIST G
AUTHOR ADDRESS: DEP PAEDIATRICS, SACHS' CHILDREN'S HOSPITAL, S-116 69
STOCKHOLM, SWED**SWEDEN
JOURNAL: Diabetologia 34 (3): p176-181 1991
ISSN: 0012-186X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: In a nationwide incident case referent study we have evaluated vaccinations, early and recent infections and the use of medicines as possible risk determinants for Type 1 (insulin-dependent) ***diabetes*** mellitus in childhood. A total of 339 recently onset diabetic and 528 referent ***children***, age 0-14 years, were included. Information about infections was collected from a mailed questionnaire and about vaccinations from childhood health care centres and schools. When ***vaccinations*** were considered as possible risk factors for diabetes, a significant decrease in relative risk estimated as odds ratio (OR) was noted for measles ***vaccination*** (OR = 0.69; 95% confidence limits 0.48-0.98). For ***vaccination*** against tuberculosis, smallpox, tetanus, whooping cough, rubella and mumps no significant effect on OR for ***diabetes*** was found. The odds ratio for Type 1 diabetes for children exposed to 0, 1-2 or over 2 infections during the last year before diagnosis of diabetes revealed a linear increase (OR = 1.0, 1.96 and 2.55 for 0, 1-2 and over 2 infections, respectively). The trend was still significant when standardized for possible confounders such as age and sex of the children, maternal age and education and intake of antibiotics and analgetics. In conclusion, a protective effect of measles vaccination for Type 1 diabetes in childhood is indicated as well as a possible causal relationship between the onset of the disease and the total load of recent infections.

10/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09781346 BIOSIS NO.: 198988096461
EFFECT OF A MICROCOMPUTER-BASED REGISTRY ON ADULT IMMUNIZATIONS
AUTHOR: KLACHKO D M (Reprint); WRIGHT D L; GARDNER D W
AUTHOR ADDRESS: COSMOPOLITAN INT DIABETES CENT, UNIV MO-COLUMBIA HOSP
CLINICS, ONE HOSPITAL DRIVE, COLUMBIA, MO 65212, USA**USA
JOURNAL: Journal of Family Practice 29 (2): p169-172 1989
ISSN: 0094-3509
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: A survey of patients attending the Cosmopolitan International Diabetes Center showed that one third of those born prior to 1935 did not know their immunization status, and only 56% of this group

remembered ever receiving tetanus ***vaccine*** . In contrast, of those born after 1935, 98% gave a history of being vaccinated for tetanus, either as a ***child*** (76%) or as an adult (22%). Eight of the 35 patients who could not remember or denied receiving pneumococcal ***vaccine*** had in fact received it. Most patients could remember whether and when they had received influenza vaccine. A microcomputer-based registry was used to generate summaries of clinical information of each patient visit. These summaries included prevention-related items. There was a three- to five-fold increase in immunization rates when the dates of the most recent vaccinations were prominently displayed on the summary at the time of each visit.

10/7/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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06658795 BIOSIS NO.: 198274075218
VIROLOGIC IMMUNOLOGIC AND GENETIC FACTORS IN INSULIN DEPENDENT DIABETES MELLITUS
AUTHOR: CHAMPSAUR H F (Reprint); BOTTAZZO G-F; BERTRAMS J; ASSAN R; BACH C
AUTHOR ADDRESS: MICROBIOL, HOPITAL BICETRE, F-94270, FR**FRANCE
JOURNAL: Journal of Pediatrics 100 (1): p15-20 1982
ISSN: 0022-3476
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: A 16 mo. old girl presented with an episode of fever and acute thrombocytopenic purpura caused by coxsackievirus B5. On days 13 to 23, laboratory evidence of diabetes mellitus was present, followed by a 2 1/2-mo. remission, then by definitive insulin-dependent diabetes. The involvement of virologic, immunologic and genetic factors in the pathophysiology was substantiated by the following data: virus-induced glucose intolerance was produced in selected mouse strains; islet-cell antibodies were found 1 wk before onset of diabetes, although circulating lymphocytes of the child at that time suppressed insulin release from islets in vitro; and immunogenetic analysis of the ***child*** revealed the presence of high-risk genetic markers. The convergence of an insulotropic variant virus, genetic predisposition and perhaps some uncontrolled adjuvant factors (e.g., steroid therapy and DPT [diphtheria-pertussis-tetanus] vaccination), may have determine insular damage and anti-islet autoimmune reactions, leading to insulin-dependent diabetes mellitus.

10/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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06297250 BIOSIS NO.: 198172031201
IMMUNIZATION TO PREVENT INSULIN DEPENDENT DIABETES MELLITUS THE ECONOMICS OF GENETIC SCREENING AND VACCINATION FOR DIABETES
AUTHOR: ENGLAND W L (Reprint); ROBERTS S D
AUTHOR ADDRESS: 1001 W TENTH ST, INDIANAPOLIS, INDIANA 46202, USA**USA
JOURNAL: Annals of Internal Medicine 94 (3): p395-400 1981
ISSN: 0003-4819
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: There is increasing evidence that some cases of insulin-dependent diabetes mellitus are virally induced and vaccination against this disease may become possible. The costs and benefits that would occur if a diabetes vaccine were developed were examined, using a decision tree to model the alternative vaccination policies, including HLA screening. Many cost and likelihood data were found in the literature, and when data on the potential vaccine had to be hypothesized, a sensitivity analysis was used to check estimates. Vaccinating all children at age 3 would be preferable to HLA screening and vaccinating only persons with a genetic ***predisposition*** to developing ***diabetes***. A 50% effective vaccine would cut the diabetes incidence rate by 29% and save the USA population \$30 million annually in direct costs of diabetes care. If indirect costs are considered these savings could amount to \$4.2 billion over 60 yr, discounted to present value at 5%, while preventing over 200,000 cases of insulin-dependent ***diabetes***.

10/7/5 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0073901509 EMBASE/Medline No: 1989081959
Genetic epidemiology of persistent islet cell antibodies among IDDM patients
Newman B.; Selby J.; Lee M.; King M.-C.
School of Public Health, University of California, Berkeley, CA 94720, United States:
CORRESP. AUTHOR/AFFIL: School of Public Health, University of California, Berkeley, CA 94720, United States

Genetic Epidemiology (GENET. EPIDEMIOL.) (United States) April 12, 1989, 6/1 (123-126)
CODEN: GENYE ISSN: 0741-0395
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

The persistence of cytoplasmic islet cell antibodies (ICA) more than a year after diagnosis of insulin-dependent diabetes mellitus (IDDM) was investigated in 43 families with at least two ***children*** with IDDM. The prevalence of persistent ICA among IDDM patients was 16%. Persistence of ICA appeared to be familial in that siblings with IDDM were significantly more concordant for the presence or for the absence of ICA than expected by chance ($P = 0.04$). Patients with persistent ICA were older on average at onset of IDDM than patients without persistent ICA after adjusting for duration of disease ($P = 0.004$). Persistence of ICA was not significantly associated with HLA DR type, immunoglobulin genotype, insulin allele class, sex, history of viral diseases, or prior ***vaccinations***.

10/7/6 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0070478601 EMBASE/Medline No: 1976045604
Is mumps virus an etiologic factor in juvenile diabetes mellitus?
Preliminary report
Sultz H.A.; Hart B.A.; Zielezny M.; Schlesinger E.R.
Dept. Society Prev. Med., Sch. Med., State University New York, Buffalo, N.Y.,

United States:
CORRESP. AUTHOR/AFFIL: Dept. Society Prev. Med., Sch. Med., State University New
York, Buffalo, N.Y., United States

Journal of Pediatrics (J. PEDIATR.) December 1, 1975, 86/4 (654-656)
CODEN: JOPDA ISSN: 0022-3476
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

Interviews were conducted with 112 parents of diabetic children (about 1/3 of the diabetes cases in Erie County) regarding the age at occurrence of mumps vaccination, exposure to mumps, or mumps in relation to age at the onset of ***diabetes*** mellitus. For almost 50% of cases, mumps or exposure to mumps preceded ***diabetes***. An additional 11% of children received mumps vaccine prior to the onset of ***diabetes***. The median lag time for such cases was 3 yr (the mean lag time, 3.8 yr) which closely matched the epidemiologic feature just described. Most of the remaining diabetic ***children*** interviewed were ***diagnosed*** at a very early age. These are preliminary findings.

10/7/7 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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0066052853 EMBASE/Medline No: 3773900
IgG3 deficiency: common in obstructive lung disease. Hereditary in families with immunodeficiency and autoimmune disease.
Oxelius V.A.; Hanson L.A.; Bjorkander J.; Hammarstrom L.; Sjöholm A.
CORRESP. AUTHOR/AFFIL: Oxelius V.A.

Monographs in allergy (Monogr Allergy) (Switzerland) December 17, 1986
, 20/- (106-115)
ISSN: 0077-0760
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

Among 313 patients with serum IgG deficiency, selective IgG3 deficiency was found in 59.5%, combined IgG3 deficiency together with IgG1 deficiency in 36% and combined IgG3-IgG2 deficiency in only 4.5%. Most of the patients with IgG3 deficiency suffered from upper respiratory tract infections, but many also from recurrent bronchitis, bronchopneumonias and asthma bronchiale. Those with combined IgG3-IgG1 deficiency often suffered from obstructive lung disease and chronic lower respiratory tract infections. Other diagnoses found in patients with IgG3 deficiency were diabetes mellitus, Henoch-Schönlein, recurrent herpes simplex infections and recurrent erysipelas. IgG3 deficiency was also found in relatives of patients with common variable immunodeficiency and IgA deficiency. In one family both parents and all four children showed IgG3 deficiency, some of them also C2 deficiency. In another ***family*** 2 siblings with ***diabetes*** mellitus showed IgG3 deficiency. In still another family the mother and her daughter both with asthma bronchiale showed IgG3 deficiency. Patients with IgG3 deficiency could respond to pneumococcal vaccine and seemed to respond to immunoglobulin substitution given every or every other week.

10/7/8 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
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0065968194 EMBASE/Medline No: 3700076

Prevention--how misuse of a concept undercuts its worth.

Goodman L.E.; Goodman M.J.

CORRESP. AUTHOR/AFFIL: Goodman L.E.

The Hastings Center report (Hastings Cent Rep) (United States) April 1, 1986, 16/2 (26-38)

ISSN: 0093-0334

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

Some health leaders and researchers have launched mass prevention programs without sound biomedical groundwork. They have oversold the benefits of prevention and underestimated the secondary effects. Some have forced nonmedical concerns into the medical model. Others have blurred the distinctions between prevention and other measures such as screening or therapy. Some have transferred responsibility for disease to the victim. A few have imputed magical powers to certain symbols of prevention, in order to create an illusion of control.

10/7/9 (Item 1 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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10699776 PMID: 8469876 Record Identifier: 095023; 00241604

[The primary care midwife. An experience of integration]

La matrona en atencion primaria. Una experiencia de integracion.

Gallardo Redondo V; Torra i Bou J E; Aced Masjoan J

Revista de enfermeria (Barcelona, Spain) (SPAIN) Feb 1993, 16

(174) p13-9, ISSN 0210-5020--Print 0210-5020--Linking Journal Code: 8309920

Publishing Model Print TJ: REVISTA DE ENFERMERIA / ROL.

Document type: Journal Article

Languages: SPANISH

Main Citation Owner: NLM

Other Citation Owner: PIP; POP

Abstract Source: PIP

Record type: MEDLINE; Completed

The program developed three years ago at the Terrassa North Basic Health Area in Barcelona illustrates one model for integration of the midwife into the primary care team. The Program of Attention for Women created in Cataluna in 1990 specified that midwives collaborate with all primary care centers and especially with basic health areas, but the details of functional integration were not specified. The Terrassa North Basic Health Area provides services for some 29,000 persons of predominantly lower middle socioeconomic status. The center is jointly administered by the Health Consortium of Terrassa, the Catalan Health Institute, and the municipal government of Terrassa. Twelve residents in the first through third year of specialization in family and community medicine work with the group. In addition to the Program of Attention for Women, programs are functioning for diabetes, vaccination, well child care, and preventive medicine. Other programs are in advanced stages of planning. The activities of the midwife include prenatal care, childbirth education, gynecology, and ***family*** planning. The midwife provides most of the prenatal care for women not at high risk. The childbirth education class provides 12 two-hour sessions for women over 24 weeks pregnant, with the first hour devoted to information on maternal and child care and the second to exercise, breathing, and relaxation techniques. In the

family planning subprogram, the midwife informs clients of the available contraceptive techniques and helps them choose the most appropriate method.

Record Date Created: 19930513

Record Date Completed: 19930513

10/7/10 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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03570958 PMID: 5701831

[Review of tuberculosis control measures. 2. Certain problems of tuberculosis mass surveys, with special reference to tuberculin testing]

Aoki K

Kekkaku - Tuberculosis (JAPAN) Jun 1968, 43 (6) p234-7, ISSN 0022-9776--Print 0022-9776--Linking Journal Code: 0422132

Publishing Model Print

Document type: Journal Article

Languages: JAPANESE

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19690217

Record Date Completed: 19690217

10/7/11 (Item 3 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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03024099 PMID: 14269709

ANTI-BOVINE SERUM ALBUMIN AND ANTI-ALPHA LACTALBUMIN IN THE SERUM OF CHILDREN AND ADULTS.

ROTHBERG R M; FARR R S

Pediatrics (UNITED STATES) Apr 1965, 35 p571-88, ISSN 0031-4005--Print 0031-4005--Linking Journal Code: 0376422

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19650601

Record Date Completed: 19961201

? ds

Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)
S3	171	E5,E12,E21,E2
S4	338	E5,E9,E12,E2,E22
S5	42	S4 AND (VACCIN?)
S6	27	RD S5 (unique items)
S7	353	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S8	109	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM) (30N) (FAMILY OR HISTORY OR PREDISPOS? OR DIAGNOS?)
S9	66	RD S8 (unique items)
S10	11	S9 AND PY<1994

? t s9/3/all

9/3/1 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0021304927 BIOSIS NO.: 200900646364
Fever of unknown genesis in practice of general pediatrician and pediatric
rheumatologist
AUTHOR: Kuzmina N N (Reprint); Movsisyan G R; Fedorov E S; Alekseev D L;
Mousisyan M M
AUTHOR ADDRESS: Russian Acad Med Sci, Dept Pediat, Inst Rheumatol, Moscow,
Russia**Russia
JOURNAL: Pediatriya (Moscow) 88 (5): p120-127 SEP-OCT 2009 2009
ISSN: 0031-403X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Russian

9/3/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0020668369 BIOSIS NO.: 200900008703
IMMUNITY TO MEASLES AFTER VACCINATION OF CHILDREN WITH RHEUMATIC DISEASES
AUTHOR: Tarasova A A (Reprint); Kostinov M P; Korovkina T I
AUTHOR ADDRESS: Reg Childrens Clin Hosp, Nizhnii Novgorod, Russia**Russia
JOURNAL: Zhurnal Mikrobiologii Epidemiologii i Immunobiologii (5): p95-98
SEP-OCT 2008 2008
ISSN: 0372-9311
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Russian

9/3/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0020244168 BIOSIS NO.: 200800291107
Contents of antibodies to Bordetella pertussis antigens in patients with
rheumatic diseases
AUTHOR: Kostinov M P (Reprint); Tarasova A A; Zaitsev E M
AUTHOR ADDRESS: Mechnikov Res Inst Vaccines and Sera, Moscow, Russia**
Russia
JOURNAL: Zhurnal Mikrobiologii Epidemiologii i Immunobiologii (6): p61-64
NOV-DEC 2007 2007
ISSN: 0372-9311
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Russian

9/3/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

0020154432 BIOSIS NO.: 200800201371
Diabetes screening in Basrah, Iraq: A population-based cross-sectional
study
AUTHOR: Mansour Abbas Ali (Reprint); Wanoose Header Laftah; Hani Ibrahim;
Abed-Alzahrea Akeal; Wanoose Hameed Laftah

AUTHOR ADDRESS: Basrah Coll Med, Dept Med, Hattin PO, POB 142, Basrah 42002, Iraq**Iraq
AUTHOR E-MAIL ADDRESS: aambaam@yahoo.com
JOURNAL: Diabetes Research and Clinical Practice 79 (1): p147-150 JAN 2008 2008
ITEM IDENTIFIER: doi:10.1016/j.diabres.2007.07.016
ISSN: 0168-8227
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

9/3/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

19063178 BIOSIS NO.: 200600408573
Infectious and inflammatory disorders of the circulatory system as risk factors for stroke in Saudi children
AUTHOR: Salih Mustafa A (Reprint); Abdel-Gader Abdel-Galil M; Al-Jarallah Ahtned A; Kentab Amal Y; Gadelrab Mohanted O; Alorainy Ibrahim A; Hassan Haindy H; Zahraa Jihad N
AUTHOR ADDRESS: King Saud Univ, Coll Med, Dept Pediat, Div Pediat Neurol, POB 2925, Riyadh 11461, Saudi Arabia**Saudi Arabia
AUTHOR E-MAIL ADDRESS: mustafa@ksu.edu.sa
JOURNAL: Saudi Medical Journal 27 (Suppl. 1): pS41-S52 MAR 2006 2006
ISSN: 0379-5284
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

9/3/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

18222393 BIOSIS NO.: 200500129458
Oculorespiratory syndrome after influenza immunization in children
AUTHOR: Skowronski Danuta M (Reprint); Bjornson Gordean; Husain Entesar; Metzger Daniel L; Scheifele David W
AUTHOR ADDRESS: Epidemiol ServBC Ctr Dis Control, UBC, 655 W 12th Ave, Vancouver, BC, V5Z 4R4, Canada**Canada
AUTHOR E-MAIL ADDRESS: danuta.skowronski@bccdc.ca
JOURNAL: Pediatric Infectious Disease Journal 24 (1): p63-69 January 2005 2005
MEDIUM: print
ISSN: 0891-3668 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

9/3/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

18175864 BIOSIS NO.: 200500082929
Reduction of Acute Respiratory Illness (ARI) due to a voluntary workplace influenza vaccination program: Who are more likely to get the benefit?
AUTHOR: Liu Yi-Hung; Huang Li-Min; Wang Jung-Der (Reprint)
AUTHOR ADDRESS: Coll Publ HlthInst Occupat Med and Ind Hyg, Natl Taiwan

Univ, 1, Sect 1, Jen Ai Rd, Taipei, 10016, Taiwan**Taiwan
AUTHOR E-MAIL ADDRESS: jdwang@ha.mc.ntu.edu.tw
JOURNAL: Journal of Occupational Health 46 (6): p455-460 November 2004
2004
MEDIUM: print
ISSN: 1341-9145 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

9/3/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

18142421 BIOSIS NO.: 200500049171
Safety of the trivalent inactivated influenza vaccine among children - A
population-based study
AUTHOR: France Eric K (Reprint); Glanz Jason M; Xu Stanley; Davis Robert L;
Black Steven B; Shinefield Henry R; Zangwill Kenneth M; Marcy S Michael;
Mullooly John P; Jackson Lisa A; Chen Robert
AUTHOR ADDRESS: Clin Res Unit, Kaiser Permanente Colorado, POB 378066,
Denver, CO, 80237, USA**USA
AUTHOR E-MAIL ADDRESS: eric.k.france@kp.org
JOURNAL: Archives of Pediatrics & Adolescent Medicine 158 (11): p1031-1036
November 2004 2004
MEDIUM: print
ISSN: 1072-4710 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

9/3/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

18024247 BIOSIS NO.: 200400395036
Childhood vaccination and type 1 diabetes
AUTHOR: Hviid Anders (Reprint); Stellfeld Michael; Wohlfahrt Jan; Melbye
Mads
AUTHOR ADDRESS: Dept Epidemiol ResDanish Epidemiol Sci Ctr, Statens Serum
Inst, Artillerivej 5, DK-2300, Copenhagen, S, Denmark**Denmark
AUTHOR E-MAIL ADDRESS: aii@ssi.dk
JOURNAL: New England Journal of Medicine 350 (14): p1398-1404 April 1,
2004 2004
MEDIUM: print
ISSN: 0028-4793 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

9/3/10 (Item 10 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

18018967 BIOSIS NO.: 200400389756
Prognostic indicators in patients with intracranial tuberculoma: a review
of 102 cases
AUTHOR: Wasay M (Reprint); Moolani M K; Zaheer J; Kheleani B A; Smego R A;

Sarwari A R
AUTHOR ADDRESS: Dept Med, Aga Khan Univ, Karachi, Pakistan**Pakistan
JOURNAL: JPMA Journal of the Pakistan Medical Association 54 (2): p83-87
February 2004 2004
MEDIUM: print
ISSN: 0030-9982 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

9/3/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

17391245 BIOSIS NO.: 200300349964
Diabetes in the young: A paediatric and epidemiological perspective.
AUTHOR: Soltesz G (Reprint)
AUTHOR ADDRESS: Department of Paediatrics, University of Pecs, 7. Jozsef
Attila St, 7623, Pecs, Hungary**Hungary
AUTHOR E-MAIL ADDRESS: gyula.soltesz@aok.pte.hu
JOURNAL: Diabetologia 46 (4): p447-454 April 2003 2003
MEDIUM: print
ISSN: 0012-186X
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Abstract
LANGUAGE: English

9/3/12 (Item 12 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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15412720 BIOSIS NO.: 200000131033
Infections and vaccinations as risk factors for childhood Type I
(insulin-dependent) diabetes mellitus: A multicentre case-control
investigation
AUTHOR: EURODIAB Substudy 2 Study Group (Reprint)
AUTHOR ADDRESS: Dr. C. C. Patterson, Department of Epidemiology and Public
Health, Queen's University of Belfast, Royal Victoria Hospital, Grosvenor
Road, Belfast, BT12 6BJ, UK**UK
JOURNAL: Diabetologia 43 (1): p47-53 Jan., 2000 2000
MEDIUM: print
ISSN: 0012-186X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

9/3/13 (Item 13 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

13502605 BIOSIS NO.: 199699136665
Tuberculosis lupus afer BCG vaccination
AUTHOR: Vittori F; Gros-lafeige C
AUTHOR ADDRESS: Dep. Med. Polyvalente, Hopital Saint-Jean-de-Dieu, 290
route de Vienne, 69373 Lyon Cedex 08, France**France
JOURNAL: Archives de Pediatrie 3 (5): p457-459 1996 1996
ISSN: 0929-693X
DOCUMENT TYPE: Article

RECORD TYPE: Abstract
LANGUAGE: French

9/3/14 (Item 14 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10752810 BIOSIS NO.: 199191135701
THE SWEDISH CHILDHOOD DIABETES STUDY VACCINATIONS AND INFECTIONS AS RISK
DETERMINANTS FOR DIABETES IN CHILDHOOD
AUTHOR: BLOM L (Reprint); NYSTROM L; DAHLQUIST G
AUTHOR ADDRESS: DEP PAEDIATRICS, SACHS' CHILDREN'S HOSPITAL, S-116 69
STOCKHOLM, SWED**SWEDEN
JOURNAL: Diabetologia 34 (3): p176-181 1991
ISSN: 0012-186X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

9/3/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

09781346 BIOSIS NO.: 198988096461
EFFECT OF A MICROCOMPUTER-BASED REGISTRY ON ADULT IMMUNIZATIONS
AUTHOR: KLACHKO D M (Reprint); WRIGHT D L; GARDNER D W
AUTHOR ADDRESS: COSMOPOLITAN INT DIABETES CENT, UNIV MO-COLUMBIA HOSP
CLINICS, ONE HOSPITAL DRIVE, COLUMBIA, MO 65212, USA**USA
JOURNAL: Journal of Family Practice 29 (2): p169-172 1989
ISSN: 0094-3509
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

9/3/16 (Item 16 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

06658795 BIOSIS NO.: 198274075218
VIROLOGIC IMMUNOLOGIC AND GENETIC FACTORS IN INSULIN DEPENDENT DIABETES
MELLITUS
AUTHOR: CHAMPSAUR H F (Reprint); BOTTAZZO G-F; BERTRAMS J; ASSAN R; BACH C
AUTHOR ADDRESS: MICROBIOL, HOPITAL BICETRE, F-94270, FR**FRANCE
JOURNAL: Journal of Pediatrics 100 (1): p15-20 1982
ISSN: 0022-3476
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

9/3/17 (Item 17 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2010 The Thomson Corporation. All rts. reserv.

06297250 BIOSIS NO.: 198172031201
IMMUNIZATION TO PREVENT INSULIN DEPENDENT DIABETES MELLITUS THE ECONOMICS
OF GENETIC SCREENING AND VACCINATION FOR DIABETES
AUTHOR: ENGLAND W L (Reprint); ROBERTS S D

AUTHOR ADDRESS: 1001 W TENTH ST, INDIANAPOLIS, INDIANA 46202, USA**USA
JOURNAL: Annals of Internal Medicine 94 (3): p395-400 1981
ISSN: 0003-4819
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

9/3/18 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083651827 EMBASE/Medline No: 2010129225
Survey of recent clinical trials of the prevention and immunointervention
of type 1 diabetes mellitus
Ubersicht uber aktuelle Studien zur Pravention und Immunintervention des
Diabetes mellitus Typ 1
Boerschmann H.; Walter M.; Achenbach P.; Ziegler A.-G.
Forschergruppe Diabetes der Technischen Universitat Munchen, Germany;
Klinik und Poliklinik fur Kinder- und Jugendmedizin, Klinikum Rechts der
Isar, Technische Universitat Munchen, Germany
AUTHOR EMAIL: anziegler@lrz.uni-muenchen.de
CORRESP. AUTHOR/AFFIL: Ziegler A.-G.: Forschergruppe Diabetes der, TU
Munchen, Kolner Platz 1, 80804 Munchen, Germany
CORRESP. AUTHOR EMAIL: anziegler@lrz.uni-muenchen.de

Deutsche Medizinische Wochenschrift (Dtsch. Med. Wochenschr.) (Germany)
March 31, 2010, 135/8 (350-354)
CODEN: DMWOA ISSN: 0012-0472 eISSN: 1439-4413
DOI: 10.1055/s-0030-1249169
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: German SUMMARY LANGUAGE: English; German
NUMBER OF REFERENCES: 48

9/3/19 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0083293768 EMBASE/Medline No: 2009534211
Protective immunity after hepatitis B vaccination
Eldesoky A.; Mosaad Y.; Zakria Y.; Hamdy S.
Internal Medicine Department, Mansoura Faculty of Medicine, Mansoura,
Egypt
AUTHOR EMAIL: aymeneldesoky@yahoo.com
CORRESP. AUTHOR/AFFIL: Eldesoky A.: Internal Medicine Department,
Mansoura Faculty of Medicine, Mansoura, Egypt
CORRESP. AUTHOR EMAIL: aymeneldesoky@yahoo.com

Arab Journal of Gastroenterology (Arab J. Gastroenterol.) (United
Kingdom) June 1, 2009, 10/2 (68-71)
ISSN: 1687-1979
PUBLISHER ITEM IDENTIFIER: S1687197909000100
DOI: 10.1016/j.ajg.2009.05.002
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 23

9/3/20 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE

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0083260811 EMBASE/Medline No: 2009496395
Current clinical topics in cystic fibrosis
David T.J.
Section of Paediatrics, Royal Society of Medicine; Booth Hall Children's
Hospital, Charlestown Road, Blackley, Manchester M9 7AA, United Kingdom
AUTHOR EMAIL: tim.david@manchester.ac.uk
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CORRESP. AUTHOR EMAIL: tim.david@manchester.ac.uk

Journal of the Royal Society of Medicine, Supplement (J. R. Soc. Med.
Suppl.) (United Kingdom) October 26, 2009, 102/SUPPL.1 (S1-S2)
CODEN: JRMSE ISSN: 0267-5331
DOI: 10.1258/jrsm.2009.s19001
URL: [http://jrsm.rsmjournals.com/cgi/reprint/102/Supplement 1/1](http://jrsm.rsmjournals.com/cgi/reprint/102/Supplement%201/1)
DOCUMENT TYPE: Journal; Editorial RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 21

9/3/21 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0082572361 EMBASE/Medline No: 2008412725
Predictive value of ICD-9-CM codes used in vaccine safety research
Mullooly J.P.; Donahue J.G.; DeStefano F.; Baggs J.; Eriksen E.
Center for Health Research, Kaiser Permanente Northwest, 3800 N.
Interstate Avenue, Portland, OR 97227-1110, United States
AUTHOR EMAIL: john.mullooly@kpchr.org
CORRESP. AUTHOR/AFFIL: Mullooly J.P.: Center for Health Research, Kaiser
Permanente Northwest, 3800 N. Interstate Avenue, Portland, OR 97227-1110,
United States
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Methods of Information in Medicine (Methods Inf. Med.) (Germany)
September 10, 2008, 47/4 (328-335)
CODEN: MIMCA ISSN: 0026-1270
DOI: 10.3414/ME0500
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 38

9/3/22 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0082530340 EMBASE/Medline No: 2008371960
Prevalence of allergic symptoms among children with diabetes mellitus
type 1 of different socioeconomic status
Karavanaki K.; Tsoka E.; Karayianni C.; Petrou V.; Pippidou E.;
Brisimitzi M.; Mavrikiou M.; Kakleas K.; Konstantopoulos I.; Manoussakis M.
; Dacou-Voutetakis C.
Diabetic Clinic, B'Pediatric Department, University of Athens, Athens,
Greece; 22 E.Stratou Filothei, 15237 Athens, Greece
AUTHOR EMAIL: kakarav2@yahoo.gr
CORRESP. AUTHOR/AFFIL: Karavanaki K.: 22 E.Stratou Filothei, 15237 Athens
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Pediatric Diabetes (Pediatr. Diabetes) (Denmark) August 1, 2008, 9/4
PART 2 (407-416)
CODEN: PDEIB ISSN: 1399-543X eISSN: 1399-5448
DOI: 10.1111/j.1399-5448.2008.00444.x
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 53

9/3/23 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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0082160027 EMBASE/Medline No: 2007573416
Reversible hypogammaglobulinaemia
Desar I.M.E.; Weemaes C.M.R.; van Deuren M.; van der Meer J.W.M.
Department of General Internal Medicine, Radboud University Nijmegen
Medical Centre, Nijmegen, Netherlands
AUTHOR EMAIL: j.vandermeer@aig.umcn.nl
CORRESP. AUTHOR/AFFIL: van der Meer J.W.M.: Department of General
Internal Medicine, Radboud University Nijmegen Medical Centre, Nijmegen,
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CORRESP. AUTHOR EMAIL: j.vandermeer@aig.umcn.nl

Netherlands Journal of Medicine (Neth. J. Med.) (Netherlands) November
1, 2007, 65/10 (381-385)
CODEN: NJNEE ISSN: 0300-2977
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 14

9/3/24 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
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0081158778 EMBASE/Medline No: 2006220942
Childhood cutaneous tuberculosis: A 20-year retrospective study in Tunis
Mlika R.B.; Tounsi J.; Fenniche S.; Hajlaoui K.; Marrak H.; Mokhtar I.
Dermatology Department, Habib Thameur Hospital, Tunis, Tunisia
AUTHOR EMAIL: rym.benmously@rns.tn
CORRESP. AUTHOR/AFFIL: Mlika R.B.: Dermatology Department, Habib Thameur
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Dermatology Online Journal (Dermatol. Online J.) (United States) May
29, 2006, 12/3
ISSN: 1087-2108 eISSN: 1087-2108
URL: <http://dermatology.cdlib.org/123/case-reports/tuberculosis/benmously.html>
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 8

9/3/25 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0081146460 EMBASE/Medline No: 2006208545
Influenza-associated hospitalization in a subtropical city
Chit M.W.; Yang L.; King P.C.; Leung G.M.; Chan K.H.; Guan Y.; Tai H.L.;
Hedley A.J.; Peiris J.S.M.
University of Hong Kong, Department of Community Medicine, Hong Kong,
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AUTHOR EMAIL: malik@hkucc.hku.hk
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of Microbiology, Queen Mary Hospital, Hong Kong, Hong Kong
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PLoS Medicine (PLoS Med.) (United States) April 1, 2006, 3/4 (485-492)
ISSN: 1549-1277 eISSN: 1549-1676
DOI: 10.1371/journal.pmed.0030121
URL: <http://medicine.plosjournals.org/archive/1549-1676/3/4/pdf/10.1371/journal.pmed.0030121-L.pdf>
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 42

9/3/26 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
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0081058479 EMBASE/Medline No: 2006118546
Travelling with chronically sick children
Reisen mit chronisch kranken kindern
Krawinkel M.
Institut fur Ernährungswissenschaft, Zentrum fur Kinderheilkunde,
Justus-Liebig-Universität, Giessen; Institut fur Ernährungswissenschaft,
Zentrum fur Kinderheilkunde, Justus-Liebig-Universität, Wilhelmstrasse
20, 35392 Giessen
AUTHOR EMAIL: Michael.Krawinkel@ernaehrung.uni-giessen.de
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CORRESP. AUTHOR EMAIL: Michael.Krawinkel@ernaehrung.uni-giessen.de

Monatsschrift fur Kinderheilkunde (Monatsschr. Kinderheilkd.) (Germany)
March 1, 2006, 154/3 (271-282)
CODEN: MOKIA ISSN: 0026-9298
DOI: 10.1007/s00112-006-1296-5
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: German SUMMARY LANGUAGE: English; German
NUMBER OF REFERENCES: 14

9/3/27 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0080627083 EMBASE/Medline No: 2005271375
The Belgrade childhood diabetes study: A multivariate analysis of risk
determinants for diabetes
Sipetic S.B.; Vlajinac H.D.; Kocev N.I.; Marinkovic J.M.; Radmanovic S.Z.
; Bjekic M.D.
Institute of Epidemiology, School of Medicine, Belgrade University,
Belgrade, Yugoslavia
AUTHOR EMAIL: sandragru@ptt.yu
CORRESP. AUTHOR/AFFIL: Vlajinac H.D.: Institute for Epidemiology, School

of Medicine, Belgrade University, Visegradska 26, 11 000 Belgrade,
Yugoslavia

European Journal of Public Health (Eur. J. Public Health) (United
Kingdom) April 1, 2005, 15/2 (117-122)
CODEN: EJPHF ISSN: 1101-1262
DOI: 10.1093/eurpub/cki074
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 30

9/3/28 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE
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0080384500 EMBASE/Medline No: 2005028646
When to request a paediatric rheumatology opinion
Foster H.; Khawaja K.
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Catherine Cookson Bldg., M.
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Current Paediatrics (Curr. Paediatr.) (United Kingdom) February 1,
2005, 15/1 (1-8)
CODEN: CUPAF ISSN: 0957-5839
PUBLISHER ITEM IDENTIFIER: S0957583904001502
DOI: 10.1016/j.cupe.2004.10.003
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 39

9/3/29 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE
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0080133405 EMBASE/Medline No: 2004316551
Pediatric lupus versus adult lupus role of the laboratory
Klein-Gitelman M.
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Plaza, Chicago, IL 60614, United States
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Northwestern University, 2300 Children's Plaza, Chicago, IL 60614, United
States
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Clinical and Applied Immunology Reviews (Clin. Appl. Immunol. Rev.) (
United States) July 1, 2004, 4/5 (333-350)
CODEN: CAIRC ISSN: 1529-1049
PUBLISHER ITEM IDENTIFIER: S1529104904000315
DOI: 10.1016/j.cair.2004.04.001
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 93

9/3/30 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE
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0079970934 EMBASE/Medline No: 2004156008
Towards a global social contract
Smith R.
AUTHOR EMAIL: rsmith@bmj.com
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British Medical Journal (Br. Med. J.) (United Kingdom) April 3, 2004,
328/7443 (i)
CODEN: BMJOA ISSN: 0959-8146
DOCUMENT TYPE: Journal; Editorial RECORD TYPE: Citation
LANGUAGE: English

9/3/31 (Item 14 from file: 73)
DIALOG(R)File 73:EMBASE
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0079822388 EMBASE/Medline No: 2004007154
Prevention of infectious diseases
Prevencion de las enfermedades infecciosas
Alvarez Pasquin M.J.; Batalla Martinez C.; Comin Bertran E.; Gomez Marco
J.J.; Mayer Pujadas M.A.; Pericas Bosch J.; Rufino Gonzalez J.

Atencion Primaria (Aten. Prim.) (Spain) December 1, 2003, 32/SUPPL. 2
(57-76)
CODEN: ATEPE ISSN: 0212-6567
DOCUMENT TYPE: Journal; Review RECORD TYPE: Citation
LANGUAGE: Spanish
NUMBER OF REFERENCES: 203

9/3/32 (Item 15 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079787680 EMBASE/Medline No: 2003498249
Treatment of Type 1 Diabetes with Anti-CD3 Monoclonal Antibody
Glandt M.; Hagopian W.; Herold K.C.
AUTHOR EMAIL: kh318@columbia.edu
CORRESP. AUTHOR EMAIL: kh318@columbia.edu

Reviews in Endocrine and Metabolic Disorders (Rev. Endocr. Metab.
Disord.) (Netherlands) December 1, 2003, 4/4 (361-368)
CODEN: REMDC ISSN: 1389-9155
DOI: 10.1023/A:1027354129493
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 48

9/3/33 (Item 16 from file: 73)
DIALOG(R)File 73:EMBASE
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0079560183 EMBASE/Medline No: 2003267066
Thrombosis in children
Avcin T.; Ambrozic A.; Kuhar M.; Rozman B.

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Thrombosis and Haemostasis (Thromb. Haemost.) (Germany) June 1, 2003,
89/6 (1107)
CODEN: THHAD ISSN: 0340-6245
DOCUMENT TYPE: Journal; Letter RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 8

9/3/34 (Item 17 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0079274172 EMBASE/Medline No: 2002438563
Detection and management of cystic fibrosis
Depistage et prise en charge de la mucoviscidose: Mise en place du role
de chacun
Lenoir G.
Hopital Necker-Enfants Malades, 149, rue de Sevres, 75743 Paris Cedex 15,
France
CORRESP. AUTHOR/AFFIL: Lenoir G.: Hopital Necker-Enfants Malades, 149,
rue de Sevres, 75743 Paris Cedex 15, France

Journal de Pediatrie et de Puericulture (J. Pediatr. Pueric.) (France)
November 1, 2002, 15/7 (372-376)
CODEN: JPPUF ISSN: 0987-7983
DOI: 10.1016/S0987-7983(02)83107-3
DOCUMENT TYPE: Journal; Conference Paper RECORD TYPE: Citation
LANGUAGE: French

9/3/35 (Item 18 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078864858 EMBASE/Medline No: 2002028501
Paediatrics and paediatric surgery
Sewell J.R.
Centre for Community Child Health, Royal Children's Hospital, Parkville,
Vic., Australia
CORRESP. AUTHOR/AFFIL: Sewell J.R.: Centre for Community Child Health,
Royal Children's Hospital, Parkville, Vic., Australia

Medical Journal of Australia (Med. J. Aust.) (Australia) January 7,
2002, 176/1 (32)
CODEN: MJAUA ISSN: 0025-729X
DOCUMENT TYPE: Journal; Short Survey RECORD TYPE: Citation
LANGUAGE: English
NUMBER OF REFERENCES: 5

9/3/36 (Item 19 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078487920 EMBASE/Medline No: 2001093893
Childhood cutaneous tuberculosis: A study over 25 years from northern India

Kumar B.; Rai R.; Kaur I.; Sahoo B.; Muralidhar S.; Das Radotra B.
Dept. Dermatol., Venereol./Lprol., Postgrad. Inst. of Med. Educ./Res.,
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International Journal of Dermatology (Int. J. Dermatol.) (United Kingdom) March 21, 2001, 40/1 (26-32)

CODEN: IJDEB ISSN: 0011-9059

DOI: 10.1046/j.1365-4362.2001.01165.x

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 19

9/3/37 (Item 20 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078160035 EMBASE/Medline No: 2000209323
Demographic characteristics and primary health care utilization patterns of strictly orthodox Jewish and non-Jewish patients

Purdy S.; Jones K.P.; Sherratt M.; Fallon P.V.

Department of Primary Health Care, University of Newcastle, Sch. of Hlth. Sciences, Framlington Place, Newcastle upon Tyne NE2 4HH, United Kingdom

CORRESP. AUTHOR/AFFIL: Purdy S.: Department of Primary Health Care, University of Newcastle, The Medical School, Framlington Place, Newcastle upon Tyne NE2 4HH, United Kingdom

Family Practice (Fam. Pract.) (United Kingdom) June 1, 2000, 17/3 (233-235)

CODEN: FAPRE ISSN: 0263-2136

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 5

9/3/38 (Item 21 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0078038278 EMBASE/Medline No: 2000087524
Infections and vaccinations as risk factors for childhood Type I (insulin-dependent) diabetes mellitus: A multicentre case-control investigation

Patterson C.C.

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Diabetologia (Diabetologia) (Germany) March 15, 2000, 43/1 (47-53)

CODEN: DBTGA ISSN: 0012-186X

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 47

9/3/39 (Item 22 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077853915 EMBASE/Medline No: 1999340247
Effect of Bacillus Calmette-Guerin vaccination on new-onset type 1
diabetes: A randomized clinical study
Allen H.F.; Klingensmith G.J.; Jensen P.; Simoes E.; Hayward A.; Chase
H.P.
Baystate Med. Ctr. Children's Hosp., Springfield, MA, United States;
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CORRESP. AUTHOR EMAIL: holley.allen@bhs.org

Diabetes Care (Diabetes Care) (United States) October 1, 1999, 22/10
(1703-1707)
CODEN: DICAD ISSN: 0149-5992
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 15

9/3/40 (Item 23 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077799112 EMBASE/Medline No: 1999285439
A study of cutaneous tuberculosis in children
Ramesh V.; Misra R.S.; Beena K.R.; Mukherjee A.
Dept. of Dermatology and Venereology, Institute of Pathology (ICMR),
Safdarjang Hospital, New Delhi, India; Sector 12/1082, R. K. Puram, New
Delhi 110 022, India
CORRESP. AUTHOR/AFFIL: Ramesh V.: Sector 12/1082, R. K. Puram, New Delhi
110 022, India

Pediatric Dermatology (Pediatr. Dermatol.) (United States) July 1,
1999, 16/4 (264-269)
CODEN: PEDRD ISSN: 0736-8046
DOI: 10.1046/j.1525-1470.1999.00073.x
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 42

9/3/41 (Item 24 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077515546 EMBASE/Medline No: 1999001675
Pneumococcal bacteraemia: Incidence, outcome and predisposing factors
Van Ampting J.M.A.; Bouter K.P.; Diepersloot R.J.A.; Overbeek B.P.;
Netten P.; Erkelens D.W.
Department of Internal Medicine, University Hospital Utrecht, PO Box
85500, NL-3508 GA Utrecht, Netherlands
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Netherlands

European Journal of Internal Medicine (Eur. J. Intern. Med.) (Italy)
December 1, 1998, 9/3 (145-150)
CODEN: EJIME ISSN: 0953-6205
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English; French
NUMBER OF REFERENCES: 30

9/3/42 (Item 25 from file: 73)
DIALOG(R)File 73:EMBASE
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0077419489 EMBASE/Medline No: 1998329908
Effect of bacille Calmette-Guerin vaccination on C-peptide
secretion in children newly diagnosed with IDDM
Elliott J.F.; Marlin K.L.; Couch R.M.
Departments of Medical Microbiology, University of Alberta, Edmonton,
Alta., Canada; Department of Medical Microbiology, 621 Heritage Medical
Research Center, University of Alberta, Edmonton, Alta. T6G 2S2, Canada
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Diabetes Care (Diabetes Care) (United States) October 23, 1998, 21/10
(1691-1693)
CODEN: DICAD ISSN: 0149-5992
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 13

9/3/43 (Item 26 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0077062648 EMBASE/Medline No: 1997355917
Epidemiologic study of Langerhans cell histiocytosis in children
Bhatia S.; Nesbit M.E. Jr.; Egeler R.M.; Buckley J.D.; Mertens A.;
Robison L.L.
Pediat. Epidemiol./Clinic. Res. Div., University of Minnesota, Box 422
UMHC, Minneapolis, MN 55455, United States
CORRESP. AUTHOR/AFFIL: Robison L.L.: Pediat. Epidemiol./Clinic. Res.
Div., University of Minnesota, Box 422 UMHC, Minneapolis, MN 55455, United
States

Journal of Pediatrics (J. PEDIATR.) (United States) December 2, 1997,
130/5 (774-784)
CODEN: JOPDA ISSN: 0022-3476
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 29

9/3/44 (Item 27 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0076509591 EMBASE/Medline No: 1996167396
Tuberculosis lupus after BCG vaccination
LE LUPUS TUBERCULEUX POST-BCG. UNE COMPLICATION RARE DE LA VACCINATION
Vittori F.; Gros-lafeige C.
Departement de Medecine Polyvalente, Hopital Saint-Jean-de-Dieu, 290,
route de Vienne, 69373 Lyon Cedex 08, France
CORRESP. AUTHOR/AFFIL: Vittori F.: Departement de Medecine Polyvalente,
Hopital Saint-Jean-de-Dieu, 290, Route de Vienne, 69373 Lyon Cedex 08,
France

Archives de Pediatrie (ARCH. PEDIATR.) (France) May 1, 1996, 3/5
(457-459)

CODEN: APEDE ISSN: 0929-693X
DOI: 10.1016/0929-693X(96)86404-9
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: French SUMMARY LANGUAGE: French; English
NUMBER OF REFERENCES: 8

9/3/45 (Item 28 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0075954360 EMBASE/Medline No: 1994370156
Low mumps antibody levels induced by Mumps-Measles-Rubella vaccinations
in type 1 diabetic children
Hiltunen M.; Hyoty H.; Leinikki P.; Akerblom H.K.; Tuomilehto J.;
Vesikari T.
Department Biomedical Sciences, University of Tampere, PO Box 607, 33101
Tampere, Finland
CORRESP. AUTHOR/AFFIL: Hiltunen M.: Department Biomedical Sciences,
University of Tampere, PO Box 607, 33101 Tampere, Finland

Diabetic Medicine (DIABETIC MED.) (United Kingdom) December 1, 1994,
11/10 (942-946)
CODEN: DIMEE ISSN: 0742-3071
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

9/3/46 (Item 29 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0073901509 EMBASE/Medline No: 1989081959
Genetic epidemiology of persistent islet cell antibodies among IDDM
patients
Newman B.; Selby J.; Lee M.; King M.-C.
School of Public Health, University of California, Berkeley, CA 94720,
United States
CORRESP. AUTHOR/AFFIL: School of Public Health, University of California,
Berkeley, CA 94720, United States

Genetic Epidemiology (GENET. EPIDEMIOL.) (United States) April 12,
1989, 6/1 (123-126)
CODEN: GENYE ISSN: 0741-0395
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

9/3/47 (Item 30 from file: 73)

DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0070478601 EMBASE/Medline No: 1976045604

Is mumps virus an etiologic factor in juvenile diabetes mellitus?

Preliminary report

Sultz H.A.; Hart B.A.; Zielesny M.; Schlesinger E.R.

Dept. Soc. Prev. Med., Sch. Med., State Univ. New York, Buffalo, N.Y.,
United States:

CORRESP. AUTHOR/AFFIL: Dept. Soc. Prev. Med., Sch. Med., State Univ. New
York, Buffalo, N.Y., United States

Journal of Pediatrics (J. PEDIATR.) December 1, 1975, 86/4 (654-656)

CODEN: JOPDA ISSN: 0022-3476

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English

9/3/48 (Item 31 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2010 Elsevier B.V. All rts. reserv.

0068466317 EMBASE/Medline No: 12093985

No evidence of autoimmunity in 6-year-old children immunized at birth
with recombinant hepatitis B vaccine.

Belloni C.; Avanzini M.A.; De Silvestri A.; Martinetti M.; Pasi A.;
Coslovich E.; Autelli M.; Masanti M.L.; Cuccia M.; Tinelli C.; Rondini G.;
Lorini R.

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Pediatrics (Pediatrics) (United States) July 1, 2002, 110/1 Pt 1 (e4)

eISSN: 1098-4275

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

9/3/49 (Item 32 from file: 73)

DIALOG(R)File 73:EMBASE

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0068330867 EMBASE/Medline No: 11731639

Childhood vaccinations, vaccination timing, and risk of type 1 diabetes
mellitus.

DeStefano F.; Mullooly J.P.; Okoro C.A.; Chen R.T.; Marcy S.M.; Ward J.I.
; Vadheim C.M.; Black S.B.; Shinefield H.R.; Davis R.L.; Bohlke K.

National Immunization Program, Centers for Disease Control and
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CORRESP. AUTHOR/AFFIL: DeStefano F.: National Immunization Program,
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Pediatrics (Pediatrics) (United States) December 1, 2001, 108/6 (E112)

eISSN: 1098-4275

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

9/3/50 (Item 33 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0068049157 EMBASE/Medline No: 10660795
Preparing patients to travel abroad safely. Part 1: Taking a travel history and identifying special risks.
Thomas R.E.
Memorial University of Newfoundland, St John's.
CORRESP. AUTHOR/AFFIL: Thomas R.E.: Memorial University of Newfoundland, St John's.
CORRESP. AUTHOR EMAIL: robert@morgan.ucs.mun.ca

Canadian family physician Medecin de famille canadien (Can Fam Physician) (Canada) January 1, 2000, 46/- (132-138)
ISSN: 0008-350X
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

9/3/51 (Item 34 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0067462598 EMBASE/Medline No: 8591532
Medicarte software developed for the Quebec microprocessor health card project.
Lavoie G.; Tremblay L.; Durant P.; Papillon M.J.; Berube J.; Fortin J.P.
Department of Social and Preventive Medicine, Universite Laval, Quebec, Canada.
CORRESP. AUTHOR/AFFIL: Lavoie G.: Department of Social and Preventive Medicine, Universite Laval, Quebec, Canada.

Medinfo. MEDINFO (Medinfo) (Canada) December 1, 1995, 8 Pt 2/- (1662)
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

9/3/52 (Item 35 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0066052853 EMBASE/Medline No: 3773900
IgG3 deficiency: common in obstructive lung disease. Hereditary in families with immunodeficiency and autoimmune disease.
Oxelius V.A.; Hanson L.A.; Bjorkander J.; Hammarstrom L.; Sjöholm A.
CORRESP. AUTHOR/AFFIL: Oxelius V.A.

Monographs in allergy (Monogr Allergy) (Switzerland) December 17, 1986, 20/- (106-115)
ISSN: 0077-0760
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

9/3/53 (Item 36 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0065968194 EMBASE/Medline No: 3700076
Prevention--how misuse of a concept undercuts its worth.
Goodman L.E.; Goodman M.J.
CORRESP. AUTHOR/AFFIL: Goodman L.E.

The Hastings Center report (Hastings Cent Rep) (United States) April
1, 1986, 16/2 (26-38)
ISSN: 0093-0334
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

9/3/54 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

32529423 PMID: 20166000
[Survey of recent clinical trials of the prevention and
immunointervention of type 1 diabetes mellitus]
Übersicht über aktuelle Studien zur Prävention und Immunintervention des
Diabetes mellitus Typ 1.
Boerschmann H; Walter M; Achenbach P; Ziegler A-G
Forscherguppe Diabetes der Technischen Universität München.
Deutsche medizinische Wochenschrift (1946) (Germany) Feb 2010, 135
(8) p350-4, ISSN 1439-4413--Electronic 0012-0472--Linking
Journal Code: 0006723
Publishing Model Print-Electronic
Document type: English Abstract; Journal Article; Review
Languages: GERMAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/55 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

18919163 PMID: 19004289
[Immunity to measles after vaccination of children with rheumatic
diseases]
Tarasova A A; Kostinov M P; Korovkina T I
Zhurnal mikrobiologii, epidemiologii, i immunobiologii (Russia
(Federation)) Sep-Oct 2008, (5) p95-8, ISSN 0372-9311--Print
0372-9311--Linking Journal Code: 0415217
Publishing Model Print
Document type: English Abstract; Journal Article
Languages: RUSSIAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/56 (Item 3 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

16418071 PMID: 15701545

Challenging scenarios in a travel clinic: advising the complex traveler.
Suh Kathryn N; Mileno Maria D
Division of Infectious Diseases, Children's Hospital of Eastern Ontario,
401 Smyth Road, Ottawa ON K1H 8L1, Canada. ksuh@cheo.on.ca
Infectious disease clinics of North America (United States) Mar 2005,
19 (1) p15-47, ISSN 0891-5520--Print 0891-5520--Linking Journal Code:
8804508
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/57 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

16101508 PMID: 15317611
Type 1 diabetes mellitus in childhood: a matched case control study in
Lancashire and Cumbria, UK.
Marshall A L; Chetwynd A; Morris J A; Placzek M; Smith C; Olabi A;
Thistlethwaite D
AstraZeneca Pharmaceuticals, Macclesfield, UK.
Diabetic medicine - a journal of the British Diabetic Association (England) Sep 2004, 21 (9) p1035-40, ISSN 0742-3071--Print 0742-3071--
Linking Journal Code: 8500858
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/58 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

15016228 PMID: 12380370
Systemic lupus erythematosus in childhood.
Klein-Gitelman Marisa; Reiff Andreas; Silverman Earl D
Division of Immunology/Rheumatology, Department of Pediatrics, Children's
Memorial Hospital, Northwestern University, Chicago, IL, USA.
Rheumatic diseases clinics of North America (United States) Aug 2002,
28 (3) p561-77, vi-vii, ISSN 0889-857X--Print 0889-857X--Linking
Journal Code: 8708093
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/59 (Item 6 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13689474 PMID: 10726221
Changing practices in the use of pneumococcal vaccine.
Latessa R A; Cummings D M; Lilley S H; Morrissey S L
Mountain Area Health Education Center Family Medicine Residency Program,

Asheville, NC, USA. robyn1@mtn.ncahec.org
Family medicine (UNITED STATES) Mar 2000, 32 (3) p196-200, ISSN
0742-3225--Print 0742-3225--Linking Journal Code: 8306464
Contract/Grant No.: 2D15 PE54008; PE; BHP HRSA HHS United States
Publishing Model Print
Document type: Clinical Trial; Controlled Clinical Trial; Journal Article
; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/60 (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13651559 PMID: 10663215
Infections and vaccinations as risk factors for childhood type I
(insulin-dependent) diabetes mellitus: a multicentre case-control
investigation. EURODIAB Substudy 2 Study Group.
Diabetologia (GERMANY) Jan 2000, 43 (1) p47-53, ISSN 0012-186X--
Print 0012-186X--Linking Journal Code: 0006777
Publishing Model Print; Comment in Diabetologia. 2000 May;43(5):684 PMID
10855546
Document type: Journal Article; Multicenter Study; Research Support,
Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/61 (Item 8 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

13621884 PMID: 10526737
Lack of association between early childhood immunizations and beta-cell
autoimmunity.
Graves P M; Barriga K J; Norris J M; Hoffman M R; Yu L; Eisenbarth G S;
Rewers M
Department of Preventive Medicine and Biometrics, University of Colorado
Health Sciences Center, Denver 80262, USA. patricia.graves@uchsc.edu
Diabetes care (UNITED STATES) Oct 1999, 22 (10) p1694-7, ISSN
0149-5992--Print 0149-5992--Linking Journal Code: 7805975
Contract/Grant No.: DK-32083; DK; NIDDK NIH HHS United States; DK-32087;
DK; NIDDK NIH HHS United States; DK-32493; DK; NIDDK NIH HHS United States
Publishing Model Print; Comment in Diabetes Care. 2000
Jun;23(6):872-3 PMID 10841021
Document type: Journal Article; Research Support, U.S. Gov't, P.H.S.
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/62 (Item 9 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

11830043 PMID: 10590635
[The role of enterovirus in the pathogenesis of Insulin-dependent
diabetes mellitus]

Enterovirukset diabeteksen aiheuttajia?

Hyoty H

Hyoty H. University of Tampere Medical School, Finland.

Duodecim; laaketieteellinen aikakauskirja (FINLAND) 1996, 112 (4)
p243-5, ISSN 0012-7183--Print 0012-7183--Linking Journal Code: 0373207

Publishing Model Print

Document type: Editorial; Review

Languages: FINNISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

9/3/63 (Item 10 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

11353362 PMID: 7835352 Record Identifier: 103598; 00238857

The relation of early nutrition, infections and socio-economic factors to the development of childhood diabetes.

Telahun M; Abdulkadir J; Kebede E

Department of Paediatrics and Child Health, Faculty of Medicine, Addis Abeba University.

Ethiopian medical journal (ETHIOPIA) Oct 1994, 32 (4) p239-44,
ISSN 0014-1755--Print 0014-1755--Linking Journal Code: 0373223

Publishing Model Print TJ: ETHIOPIAN MEDICAL JOURNAL.

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Other Citation Owner: PIP; POP

Abstract Source: PIP

Record type: MEDLINE; Completed

9/3/64 (Item 11 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

10699776 PMID: 8469876 Record Identifier: 095023; 00241604

[The primary care midwife. An experience of integration]

La matrona en atencion primaria. Una experiencia de integracion.

Gallardo Redondo V; Torra i Bou J E; Aced Masjoan J

Revista de enfermeria (Barcelona, Spain) (SPAIN) Feb 1993, 16 (174)
p13-9, ISSN 0210-5020--Print 0210-5020--Linking Journal Code: 8309920

Publishing Model Print TJ: REVISTA DE ENFERMERIA / ROL.

Document type: Journal Article

Languages: SPANISH

Main Citation Owner: NLM

Other Citation Owner: PIP; POP

Abstract Source: PIP

Record type: MEDLINE; Completed

9/3/65 (Item 12 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

03570958 PMID: 5701831

[Review of tuberculosis control measures. 2. Certain problems of tuberculosis mass surveys, with special reference to tuberculin testing]

Aoki K

Kekkaku - Tuberculosis (JAPAN) Jun 1968, 43 (6) p234-7, ISSN

0022-9776--Print 0022-9776--Linking Journal Code: 0422132
Publishing Model Print
Document type: Journal Article
Languages: JAPANESE
Main Citation Owner: NLM
Record type: MEDLINE; Completed

9/3/66 (Item 13 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

03024099 PMID: 14269709
ANTI-BOVINE SERUM ALBUMIN AND ANTI-ALPHA LACTALBUMIN IN THE SERUM OF
CHILDREN AND ADULTS.
ROTHBERG R M; FARR R S
Pediatrics (UNITED STATES) Apr 1965, 35 p571-88, ISSN 0031-4005--
Print 0031-4005--Linking Journal Code: 0376422
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

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9/7/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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18024247 BIOSIS NO.: 200400395036
Childhood vaccination and type 1 diabetes
AUTHOR: Hviid Anders (Reprint); Stellfeld Michael; Wohlfahrt Jan; Melbye
Mads
AUTHOR ADDRESS: Dept Epidemiol ResDanish Epidemiol Sci Ctr, Statens Serum
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JOURNAL: New England Journal of Medicine 350 (14): p1398-1404 April 1,
2004 2004
MEDIUM: print
ISSN: 0028-4793 (ISSN print)
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: BACKGROUND A link between childhood vaccinations and the
development of type 1 diabetes has been proposed. METHODS We evaluated a
cohort comprising all children born in Denmark from January 1, 1990,
through December 31, 2000, for whom detailed information on vaccinations
and type 1 diabetes was available. Using Poisson regression models, we
estimated rate ratios according to vaccination status, including the
trend associated with the number of doses, among all children and in a
subgroup of children who had siblings with type 1 diabetes. Given recent
claims of clustering of cases of diabetes two to four years after
vaccination, we also estimated rate ratios during the period after
vaccination. RESULTS Type 1 diabetes was diagnosed in 681 children
during 4,720,517 person-years of follow-up. The rate ratio for type 1
diabetes among children who received at least one dose of
vaccine, as compared with unvaccinated children, was 0.91 (95
percent confidence interval, 0.74 to 1.12) for Haemophilus influenzae

type b ***vaccine*** ; 1.02 (95 percent confidence interval, 0.75 to 1.37) for diphtheria, tetanus, and inactivated poliovirus ***vaccine*** ; 0.96 (95 percent confidence interval, 0.71 to 1.30) for diphtheria, tetanus, acellular pertussis, and inactivated poliovirus ***vaccine*** ; 1.06 (95 percent confidence interval, 0.80 to 1.40) for whole-cell pertussis ***vaccine*** ; 1.14 (95 percent confidence interval, 0.90 to 1.45) for measles, mumps, and rubella ***vaccine*** ; and 1.08 (95 percent confidence interval, 0.74 to 1.57) for oral poliovirus ***vaccine*** . The development of type 1 diabetes in genetically predisposed children (defined as those who had siblings with type 1 diabetes) was not significantly associated with ***vaccination*** . Furthermore, there was no evidence of any clustering of cases two to four years after ***vaccination*** with any ***vaccine*** . CONCLUSIONS These results do not support a causal relation between childhood vaccination and type 1 ***diabetes*** .

9/7/11 (Item 11 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
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17391245 BIOSIS NO.: 200300349964
 Diabetes in the young: A paediatric and epidemiological perspective.
 AUTHOR: Soltesz G (Reprint)
 AUTHOR ADDRESS: Department of Paediatrics, University of Pecs, 7. Jozsef Attila St, 7623, Pecs, Hungary**Hungary
 AUTHOR E-MAIL ADDRESS: gyula.soltesz@aok.pte.hu
 JOURNAL: Diabetologia 46 (4): p447-454 April 2003 2003
 MEDIUM: print
 ISSN: 0012-186X
 DOCUMENT TYPE: Article; Literature Review
 RECORD TYPE: Abstract
 LANGUAGE: English

ABSTRACT: The spectrum of diabetes in the young has widened; it now includes monogenic diseases, for example the various forms of permanent and transient neonatal diabetes and MODY as well as the emerging obesity-associated Type 2 diabetes in late childhood, but the main form is still Type 1 diabetes. Age-related major medical, physiological, social and emotional problems make the clinical management of diabetes in children and adolescents a difficult task for the physician and the ***family*** . Overall glycaemic control remains moderate or poor despite a treatment schedule, which interferes with several elements of "normal" childhood: There is an up to tenfold geographical variation in the incidence of childhood Type 1 diabetes within Europe with relatively stable incidence rates in some countries (mainly northern), but dynamic increases in incidence in other countries (mainly central European). A number of nongenetic (environmental) factors have been associated with the risk of Type 1 ***diabetes*** . Among these, perinatal factors, early nutrition, growth and vaccinations, atopic diseases and vitamin D are discussed in detail. The important interplay between genes, organism and environment is illustrated with new genetic data supporting the importance of environmental pressures in the evolution of this major disease. Although Type 1 ***diabetes*** usually accounts for only a minority of the total impact of diabetes in a population, it is the predominant form of the disease in younger age-groups in most developed countries. It is estimated that on an annual basis almost 100 000 children younger than 15 years of age develop Type 1 diabetes worldwide. The autoimmune destruction of the pancreatic beta cells in Type 1 diabetes leads to absolute insulin dependence and a high rate of complications typically occurring at a relatively young age. Therefore,

Type 1 diabetes places a particular heavy burden on the individual, the family and health services.

9/7/14 (Item 14 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10752810 BIOSIS NO.: 199191135701
THE SWEDISH CHILDHOOD DIABETES STUDY VACCINATIONS AND INFECTIONS AS RISK
DETERMINANTS FOR DIABETES IN CHILDHOOD
AUTHOR: BLOM L (Reprint); NYSTROM L; DAHLQUIST G
AUTHOR ADDRESS: DEP PAEDIATRICS, SACHS' CHILDREN'S HOSPITAL, S-116 69
STOCKHOLM, SWED**SWEDEN
JOURNAL: Diabetologia 34 (3): p176-181 1991
ISSN: 0012-186X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: In a nationwide incident case referent study we have evaluated vaccinations, early and recent infections and the use of medicines as possible risk determinants for Type 1 (insulin-dependent) ***diabetes*** mellitus in childhood. A total of 339 recently onset diabetic and 528 referent ***children***, age 0-14 years, were included. Information about infections was collected from a mailed questionnaire and about vaccinations from childhood health care centres and schools. When ***vaccinations*** were considered as possible risk factors for diabetes, a significant decrease in relative risk estimated as odds ratio (OR) was noted for measles ***vaccination*** (OR = 0.69; 95% confidence limits 0.48-0.98). For ***vaccination*** against tuberculosis, smallpox, tetanus, whooping cough, rubella and mumps no significant effect on OR for ***diabetes*** was found. The odds ratio for Type 1 diabetes for children exposed to 0, 1-2 or over 2 infections during the last year before diagnosis of diabetes revealed a linear increase (OR = 1.0, 1.96 and 2.55 for 0, 1-2 and over 2 infections, respectively). The trend was still significant when standardized for possible confounders such as age and sex of the children, maternal age and education and intake of antibiotics and analgetics. In conclusion, a protective effect of measles vaccination for Type 1 diabetes in childhood is indicated as well as a possible causal relationship between the onset of the disease and the total load of recent infections.

9/7/29 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE
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0080133405 EMBASE/Medline No: 2004316551
Pediatric lupus versus adult lupus role of the laboratory
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Clinical and Applied Immunology Reviews (Clin. Appl. Immunol. Rev.) (

United States) July 1, 2004, 4/5 (333-350)
CODEN: CAIRC ISSN: 1529-1049
PUBLISHER ITEM IDENTIFIER: S1529104904000315
DOI: 10.1016/j.cair.2004.04.001
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English
NUMBER OF REFERENCES: 93

Systemic lupus erythematosus (SLE) is the archetypical immunologic disease. Approximately 20% of patients present in the first two decades of life. This article highlights some of the differences between pediatric and adult onset lupus. Children are defined as different from adults on the basis of age. Lupus presents with different gender ratios based on hormonal or pubertal status with more significant skewing toward female patients in the childbearing years. Female patients in the childbearing years appear to have a higher relative risk for mortality. Despite this, ***children*** have greater disease severity at onset based on the number of patients who present with significant organ inflammation, the amount of corticosteroids required and the abnormalities in lupus serologies including autoantibodies and low complements. ***Children*** present frequently with congenital and acquired complement defects. ***Children*** have an increased risk of infections that can be confused with ***lupus***. They have a higher risk of serious pneumococcal infection and may have less protection from ***vaccinations*** received at the time of disease onset. The clinical immunology laboratory is critical in the diagnosis and treatment of ***pediatric*** ***SLE***. The rapid analysis and transfer of laboratory results can be life saving for the child with suspected new onset ***lupus***. The laboratory is also helpful in determining disease activity through analysis of immunologic trends over time in ***pediatric*** ***lupus*** patients. This is especially important in the noncompliant adolescent patient who has a correlation between disease activity and lupus serologic tests. Finally, the clinical immunology laboratory is an important tool for better understanding of the immunologic phenomena associated with lupus and of disease pathophysiology. (c) 2004 Elsevier Inc. All rights reserved.

9/7/38 (Item 21 from file: 73)
DIALOG(R)File 73:EMBASE
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0078038278 EMBASE/Medline No: 2000087524

Infections and vaccinations as risk factors for childhood Type I (insulin-dependent) diabetes mellitus: A multicentre case-control investigation

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CORRESP. AUTHOR/AFFIL: Patterson C.C.: Dept. of Epidemiology/Public Health, Queen's University of Belfast, Royal Victoria Hospital, Grosvenor Road, Belfast BT12 6BJ, United Kingdom

Diabetologia (Diabetologia) (Germany) March 15, 2000, 43/1 (47-53)

CODEN: DBTGA ISSN: 0012-186X

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 47

Aims/hypothesis. To determine if ***vaccinations*** and infections are associated with the subsequent risk of Type I (insulin-dependent) ***diabetes*** mellitus in childhood. Method. Seven centres in Europe with

access to population-based registers of children with Type I diabetes diagnosed under 15 years of age participated in a case-control study of environmental risk factors. Control ***children*** were chosen at random in each centre either from population registers or from schools and polyclinics. Data on maternal and neonatal infections, common childhood infections and vaccinations were obtained for 900 cases and 2302 control children from hospital and clinic records and from parental responses to a questionnaire or interview. Results. Infections early in the child's life noted in the hospital record were found to be associated with an increased risk of diabetes, although the odds ratio of 1.61 (95% confidence limits 1.11, 2.33) was significant only after adjustment for confounding variables. None of the common childhood infectious diseases was found to be associated with diabetes and neither was there evidence that any common childhood ***vaccination*** modified the risk of ***diabetes***. Pre-school day-care attendance, a proxy measure for total infectious disease exposure in early childhood, was found, however, to be inversely associated with ***diabetes***, with a pooled odds ratio of 0.59 (95% confidence limits 0.46, 0.76) after adjustment for confounding variables. Conclusion/interpretation. It seems likely that the explanation for these contrasting findings of an increased risk associated with perinatal infections coupled with a protective effect of pre-school day care lies in the age-dependent modifying influence of infections on the developing immune system.

9/7/47 (Item 30 from file: 73)
DIALOG(R)File 73:EMBASE
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0070478601 EMBASE/Medline No: 1976045604
Is mumps virus an etiologic factor in juvenile diabetes mellitus?
Preliminary report
Sultz H.A.; Hart B.A.; Zielezny M.; Schlesinger E.R.
Dept. Society Prev. Med., Sch. Med., State University New York, Buffalo, N.Y.,
United States:
CORRESP. AUTHOR/AFFIL: Dept. Society Prev. Med., Sch. Med., State University New
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Journal of Pediatrics (J. PEDIATR.) December 1, 1975, 86/4 (654-656)
CODEN: JOPDA ISSN: 0022-3476
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

Interviews were conducted with 112 parents of diabetic children (about 1/3 of the diabetes cases in Erie County) regarding the age at occurrence of mumps vaccination, exposure to mumps, or mumps in relation to age at the onset of ***diabetes*** mellitus. For almost 50% of cases, mumps or exposure to mumps preceded ***diabetes***. An additional 11% of children received mumps vaccine prior to the onset of ***diabetes***. The median lag time for such cases was 3 yr (the mean lag time, 3.8 yr) which closely matched the epidemiologic feature just described. Most of the remaining diabetic ***children*** interviewed were ***diagnosed*** at a very early age. These are preliminary findings.

9/7/48 (Item 31 from file: 73)
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0068466317 EMBASE/Medline No: 12093985

No evidence of autoimmunity in 6-year-old children immunized at birth with recombinant hepatitis B vaccine.

Belloni C.; Avanzini M.A.; De Silvestri A.; Martinetti M.; Pasi A.; Coslovich E.; Autelli M.; Masanti M.L.; Cuccia M.; Tinelli C.; Rondini G.; Lorini R.

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Pediatrics (Pediatrics) (United States) July 1, 2002, 110/1 Pt 1 (e4)

eISSN: 1098-4275

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

OBJECTIVES: Taking into account that genetic predisposition, marked by human leukocyte antigen (HLA) class I and II genes, augments the probability of developing an autoimmune disorder after a triggering vaccination, as largely debated, we investigated the frequency of autoantibody production after recombinant hepatitis B vaccine (rHBv) in 6-year-old children immunized at birth to evaluate an association between autoimmune disorders and hepatitis B virus vaccination. **METHODS:** We investigated the presence of autoantibodies in 210 6-year-old children who were immunized at birth with rHBv: 200 showed anti-hepatitis B surface antigen concentrations $> \text{or } = 10 \text{ mUI/mL}$ at seroconversion (responders), and 10 were nonresponders. Data were compared with those obtained in 109 unvaccinated children. All participants were screened for the presence of antinuclear antibodies (ANAs), anti-DNA, antimitochondrial, anti-liver/kidney microsomal, antireticulin, anti-smooth muscle (SMA), and antiribosomal antibodies. All participants were also screened for the presence of antithyroid antibodies, such as antithyroglobulin and antiperoxidase, and for antibodies found in type 1 diabetes, such as tyrosine phosphatase (IA-2A) and glutamic acid decarboxylase (GADA). HLA typing was extended to all 10 nonresponders. **RESULTS:** Autoantibodies were found in 16 of the 200 responders: ANAs were found in 12 (6%), smooth muscle antibodies were found in 4 (2.0%), and antireticulin antibodies and endomysial antibodies were found in 1 girl with ANAs. Antithyroid antibodies, IA-2A, and GADA were not present in any of the participants. No significant difference was found in the frequency of autoantibodies between vaccinated and control children. Three of the 10 nonresponder children were SMA-positive (30% vs 2% of responders); they also carried the supertype HLA-C4A*00, DRB1*0301, DQB1*02. A family history for autoimmune disorders was present in 3 (18%; 95% confidence interval [CI]: 4.0%-45.6%) of the 16 responder infants with autoantibodies, in 15 (8.4%; 95% CI: 4.6%-13.1%) of responder children without autoantibodies, and in 1 (10%) of the 10 nonresponder children. **CONCLUSIONS:** From our data, vaccination with rHBv given during the neonatal period does not seem to increase autoantibody production in a 6-year-old children. Autoantibodies, referred to as natural autoantibodies, can be found in healthy participants, but their significance is unclear. These autoantibodies often cross-react with bacteria or tumor antigens, suggesting their importance in innate immunity. It has been demonstrated in an animal model that self-antigen can promote B-cell accumulation, and that a significant proportion of natural autoantibodies is the product of this self-antigen-dependent process. Consequently, it has been speculated that self-antigens play a positive role in recruiting B cells as a part of innate immunity, but this process carries a potential risk for unregulated growth. Spreading of the immune response is a common theme in organ-specific and systemic autoimmune diseases, and this could be initiated by exogenous agents, in genetically

susceptible hosts, owing to molecular mimicry of natural antigen. Moreover, 3 (18%) of the 16 children who had autoantibodies had a family ***history*** of autoimmune diseases. Thus, it is apparent that susceptibility to autoimmunity is determined by genetic factors rather than by ***vaccine*** challenge. Among all the ***children*** considered, only 1 girl (0.5%) developed celiac disease, reflecting the prevalence described in the literature. GADA and IA-2A were not found in our ***children*** ; this observation is in agreement with data showing that type 1 diabetes risk may not be altered by vaccinations administered during childhood. On the contrary, a high frequency (30%) of autoantibodies, in particular SMA, was observed in the nonresponder ***children*** . The 3 SMA-positive ***children*** carried the HLA-C4Q0,DRB1*0301,DQB1*02 haplotype, a well-known predisposing factor for autoimmune disorders. On the other hand, the presence of autoantibodies to smooth muscle is known to be common in hepatitis B infection, and, it has been shown that cross-reactive immunity targeting homologous self-protein may partly account for autoantibody production. Although hepatitis B vaccination given during the neonatal period does not increase autoantibody production in 6-year-old immunized children, we deem useful a more prolonged follow-up for these nonresponder children carrying certain HLA haplotypes (such as C4AQ0,DRB1*0301,DQB1*02), particularly because most autoimmune diseases do not develop until later in life.

9/7/49 (Item 32 from file: 73)
DIALOG(R)File 73:EMBASE
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0068330867 EMBASE/Medline No: 11731639

Childhood vaccinations, vaccination timing, and risk of type 1 diabetes mellitus.

DeStefano F.; Mullooly J.P.; Okoro C.A.; Chen R.T.; Marcy S.M.; Ward J.I.; Vadheim C.M.; Black S.B.; Shinefield H.R.; Davis R.L.; Bohlke K.
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Pediatrics (Pediatrics) (United States) December 1, 2001, 108/6 (E112)
eISSN: 1098-4275
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

OBJECTIVES: To evaluate suggested associations between childhood vaccinations, particularly against hepatitis B and Haemophilus influenzae type b, and risk of developing type 1 diabetes; and to determine whether timing of ***vaccination*** influences risk. METHODS: We conducted a case-control study within 4 health maintenance organizations (HMOs) that participate in the Vaccine Safety Datalink project of the Centers for Disease Control and Prevention. Study eligibility was restricted to children who met the following criteria: 1) born during 1988 through 1997; 2) HMO member since birth; 3) continuously enrolled for first 6 months of life; and 4) at least 12 months of HMO membership before diabetes incidence date (or index date for controls) unless incidence date was before 12 months of age. All 4 HMOs maintain registries of their members who have diabetes, and we used the registries to identify potential cases of diabetes. We conducted chart reviews to verify that potential cases met the World Health Organization epidemiologic case definition for

type 1 diabetes mellitus (ie, a physician's diagnosis of diabetes plus treatment with daily insulin injections). We defined the incidence date of diabetes as the first date that the child received a diagnosis of diabetes. We attempted to match 3 controls to each case. Controls had the same eligibility criteria as cases and were matched to individual cases on HMO, sex, date of birth (within 7 days), and length of health plan enrollment (up to the incidence or index date). The index date for controls was defined as the incidence date of the case to which the control was matched. Chart abstraction was performed by trained chart abstractors using standardized forms. In addition to complete ***vaccination*** histories, the chart abstraction forms for both cases and controls included information on sociodemographic characteristics, selected medical conditions, history of breastfeeding, and family medical history. We used conditional logistic regression to estimate the odds ratio (OR) of diabetes associated with vaccination, with vaccine exposure defined as before the diabetes incidence date (or index date for controls). RESULTS: Two hundred fifty-two confirmed cases of diabetes and 768 matched controls met the study eligibility criteria. The OR (95% confidence interval) for the association with type 1 diabetes was 0.28 (0.07-1.06) for whole cell pertussis vaccine (predominantly in combination as diphtheria, tetanus toxoids and pertussis vaccine), 1.36 (0.70-2.63) for measles-mumps-rubella, 1.14 (0.51-2.57) for Haemophilus influenzae type b, 0.81 (0.52-1.27) for hepatitis B vaccine, 1.16 (0.72-1.89) for varicella vaccine, and 0.92 (0.53-1.57) for acellular pertussis-containing vaccines. Compared with children who had not received hepatitis B vaccine, the OR of diabetes was 0.51 (0.23-1.15) for children vaccinated at birth and 0.86 (0.54-1.35) for those first vaccinated against hepatitis B at 2 months of age or later. Race and ethnicity and family history of diabetes were independently associated with risk of type 1 diabetes, but adjustment for these factors did not materially alter the ORs for any of the vaccines. CONCLUSIONS: In this large, population-based, case-control study, we did not find an increased risk of type 1 diabetes associated with any of the routinely recommended childhood ***vaccines***. Our study adds to previous research by providing data on newer vaccines, including hepatitis B, acellular pertussis, and varicella ***vaccines***. For the older vaccines, our results are generally in agreement with previous studies in not finding any increased risks. Ours is the first epidemiologic study to evaluate the possibility that timing of vaccination is related to risk of clinical ***diabetes*** in children. Our results on hepatitis B vaccine do not support the hypothesis; risk of type 1 diabetes was not different between infants vaccinated at birth and those who received their first ***vaccination*** later in life. The results of our study and the preponderance of epidemiologic evidence do not support an association between any of the recommended childhood ***vaccines*** and an increased risk of type 1 ***diabetes***. Suggestions that diabetes risk in humans may be altered by changes in the timing of ***vaccinations*** also are unfounded.

9/7/61 (Item 8 from file: 155)
 DIALOG(R)File 155:MEDLINE(R)
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13621884 PMID: 10526737

Lack of association between early childhood immunizations and beta-cell autoimmunity.

Graves P M; Barriga K J; Norris J M; Hoffman M R; Yu L; Eisenbarth G S; Rewers M

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Diabetes care (UNITED STATES) Oct 1999, 22 (10) p1694-7, ISSN

0149-5992--Print 0149-5992--Linking Journal Code: 7805975
Contract/Grant Number: DK-32083; DK; NIDDK NIH HHS United States; DK-32087;
DK; NIDDK NIH HHS United States; DK-32493; DK; NIDDK NIH HHS United States
Publishing Model Print; Comment in Diabetes Care. 2000
Jun;23(6):872-3 PMID 10841021

Document type: Journal Article; Research Support, U.S. Gov't, P.H.S.

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

OBJECTIVE: To determine whether early childhood immunization history affects the risk of developing the beta-cell autoimmunity that precedes type 1 diabetes. RESEARCH DESIGN AND METHODS: This article describes a case-control study whose participants were 317 children aged < or = 12 years who have a first-degree relative with type 1 diabetes. The children were enrolled in a prospective cohort study of the etiology of beta-cell autoimmunity, the Diabetes Autoimmunity Study in the Young, in Denver, Colorado. The main outcome measure was beta-cell autoimmunity as determined by persistent autoantibodies against insulin, GAD, or islet cell antibody (IA-2) 512. The number of cases with beta-cell autoimmunity was 25, and the number of control subjects (the remainder of the cohort) was 292. RESULTS: There was no difference between cases and control subjects in the proportion receiving hepatitis B (HBV), Haemophilus influenzae b (Hib), polio, or diphtheria tetanus pertussis (DTP) vaccines before 9 months of age; in the proportion receiving HBV at birth rather than later; or in the median age at first HBV, Hib, polio, or DTP vaccination. CONCLUSIONS: The results suggest that changing the early childhood immunization schedule would not affect the risk of developing beta-cell autoimmunity or type 1 diabetes.

Record Date Created: 19991116

Record Date Completed: 19991116

? s (vaccin?) (20n) (child or children or pediatri? or childhood) (20n) (sle or lupus or diabetes or iddm)

728542. VACCIN?
3139024 CHILD
1672860 CHILDREN
1718226 PEDIATRI?
409349 CHILDHOOD
59613 SLE
200375 LUPUS
1084737 DIABETES
22371 IDDM

S11 385 (VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)

? s s11 and py<1994

Processing

385 S11
41032171 PY<1994
S12 79 S11 AND PY<1994

? rd s12

S13 60 RD S12 (unique items)

? t s13/7/all

13/7/1 (Item 1 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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12060251 BIOSIS NO.: 199497081536

Decline of mumps antibodies in Type 1 (insulin-dependent) diabetic children and a plateau in the rising incidence of Type 1 diabetes after introduction of the mumps-measles-rubella vaccine in Finland

AUTHOR: Hyoty H (Reprint); Hiltunen M; Reunanen A; Leinikki P; Vesikari T; Lounamaa R; Tuomilehto J; Akerblom H K; Group The Childhood Diabetes In Finland Study

AUTHOR ADDRESS: Dep. Biomed. Sci., Univ. Tampere, P.O. Box 607, SF-33101 Tampere, Finland**Finland

JOURNAL: Diabetologia 36 (12): p1303-1308 1993 1993

ISSN: 0012-186X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: A nationwide mumps-measles-rubella vaccination was introduced in 1982 in Finland to children aged 1.5 to 6 years and since then mumps has virtually disappeared in the country. We investigated whether this rapid epidemiological change had any impact on antibody activity against mumps virus in Type 1 (insulin-dependent) diabetic children or on the incidence of Type 1 ***diabetes*** in Finland. Two case control series were collected before (series I and II) and three series after (series III-V) the introduction of the ***vaccination***. IgA class mumps antibody levels were significantly higher in Type 1 diabetic children than in matched control children in the first two but not in the three later series. IgG class antibody levels were similar in patients and control subjects in the first two series but significantly lower in patients than in control subjects in the three later series. The overall incidence of Type 1 diabetes in 0-14-year-old children increased until 1987 but remained about the same during 1988-1990. In 5-9-year-old children no further increase in Type 1 diabetes was seen since 1985, whereas in 0-14-year-old children the incidence continued to rise until 1990. The results suggest that the elimination of natural mumps by mumps-measles-rubella vaccination may have decreased the risk for Type 1 diabetes in Finland; a possible causal relationship is substantiated by the observed concomitant decrease in mumps antibody levels in diabetic ***children***. However, further studies are required to determine if the vaccine virus, like natural mumps, could trigger the clinical onset of Type I ***diabetes*** in young ***children***.

13/7/2 (Item 2 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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11179709 BIOSIS NO.: 199293022600

THE SWEDISH CHILDHOOD DIABETES STUDY A MULTIVARIATE ANALYSIS OF RISK DETERMINANTS FOR DIABETES IN DIFFERENT AGE GROUPS

AUTHOR: DAHLQUIST G (Reprint); BLOOM L; LONNBERG G

AUTHOR ADDRESS: DEP PAEDIATRICS, KAROLINSKA INST, SACHS' CHILDREN'S HOSP, S-118 95 STOCKHOLM, SWEDEN**SWEDEN

JOURNAL: Diabetologia 34 (10): p757-762 1991

ISSN: 0012-186X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: In a nationwide incident case-referent study stepwise univariate analysis has revealed several risk determinants for childhood diabetes mellitus. In a multivariate analysis we have determined the set of risk determinants that would independently predict childhood Type 1 (insulin-dependent) diabetes. Possible interactions between the risk determinants and differences in risk profiles with different ages at onset were also examined. Reported familial insulin-treated and

non-insulin-treated diabetes were significant risk factors in all age groups, as was also a low frequency of milk intake. The frequency of infections and a high intake of foods rich in nitrosamine tended to interact (OR 11.8, $p = 0.053$) indicating a synergistic effect. A Cox regression analysis revealed that stressful life events during the last year was the only variable that tended to affect the age at onset ($p = 0.055$). This indicated that psychological stress may rather precipitate than induce Type 1 diabetes. A short breast-feeding duration (OR = 3.81), and an increased body height (OR = 3.82) contributed significantly to the predictive model in only the youngest age group (0-4 years). An increased frequency of infections in the year preceding onset (OR = 2.15) and no ***vaccination*** against measles (OR = 3.33) contributed significantly to the model only in the age group 5-9 years. Various nutrients had different impacts on the risk of developing Type 1 diabetes in different age groups. It is concluded that in the genetically susceptible child, risk factors which are associated with eating habits, frequency of infections, vaccination status, growth pattern and severe psychological stress affect the risk of developing diabetes independently of each other. The set of risk determinants varies with the age at onset. A high frequency of infections and a high frequency of nitrosamine-rich food intake seem to have a synergistic effect on the risk of developing diabetes in childhood.

13/7/3 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10931741 BIOSIS NO.: 199242034632
ADVERSE EFFECT OF PERTUSSIS AND RUBELLA VACCINES A REPORT OF THE COMMITTEE
TO REVIEW THE ADVERSE CONSEQUENCES OF PERTUSSIS AND RUBELLA VACCINES
BOOK TITLE: HOWSON, C. P., C. J. HOWE AND H. V. FINEBERG (ED.). ADVERSE
EFFECTS OF PERTUSSIS AND RUBELLA VACCINES: A REPORT OF THE COMMITTEE TO
REVIEW THE ADVERSE CONSEQUENCES OF PERTUSSIS AND RUBELLA VACCINES.
XIII+367P. NATIONAL ACADEMY OF SCIENCES PRESS: WASHINGTON, D.C., USA.
ILLUS
AUTHOR: HOWSON C P (Reprint); HOWE C J; FINEBERG H V
AUTHOR ADDRESS: DIV INT HEALTH, INST MED NATL ACAD SCI, WASHINGTON, DC
20418, USA**USA
pXIII+367P 1991
ISBN: 0-309-04499-5
DOCUMENT TYPE: Book
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: The Committee to Review the Adverse Consequences of Pertussis and Rubella Vaccines was established by the Institute of Medicine in November 1989 as a result of Section 312 of Public Law 99-660 which called for a review of scientific and other information on possible adverse consequences of these vaccines. The mission of the Committee was to identify and review all available medical and scientific literature on the nature, circumstance, and extent of the relationship, if any, between vaccines containing pertussis (including whole cells, extracts and specific antigens) and the following illnesses and conditions: hemolytic anemia, hypsarrhythmia, infantile spasms, Reye syndrome, peripheral mononeuropathy, deaths classified as sudden infant death syndrome (SIDS), aseptic meningitis, juvenile diabetes, autism, learning disabilities, hyperactivity, and other such illnesses as recommended by the Committee or the Advisory Commission on Childhood Vaccines, and inquire into the possible association between pertussis vaccine and permanent neurologic damage; to conduct a

similar review of the potential relationship between rubella vaccines (including the measles-mumps-rubella combination vaccine) and radiculoneuritis; sponsor a workshop on pertussis and rubella vaccines; conduct a public meeting covering both pertussis and rubella vaccines; and to prepare a report on the findings. This report has 7 chapters and 6 appendices. Chapter 1 summarizes the report. Chapter 2 presents a brief history of the development of the vaccines. The 3rd chapter discusses the committee's methods and gives an evaluation of the evidentiary base. Chapters 4 through 7 present evidence pertaining to the vaccines and specific adverse effects. The text is complemented by tables and charts.

13/7/4 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10752810 BIOSIS NO.: 199191135701
THE SWEDISH CHILDHOOD DIABETES STUDY VACCINATIONS AND
INFECTIONS AS RISK DETERMINANTS FOR DIABETES IN CHILDHOOD
AUTHOR: BLOM L (Reprint); NYSTROM L; DAHLQUIST G
AUTHOR ADDRESS: DEP PAEDIATRICS, SACHS' CHILDREN'S HOSPITAL, S-116 69
STOCKHOLM, SWED**SWEDEN
JOURNAL: Diabetologia 34 (3): p176-181 1991
ISSN: 0012-186X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: In a nationwide incident case referent study we have evaluated vaccinations, early and recent infections and the use of medicines as possible risk determinants for Type 1 (insulin-dependent) ***diabetes*** mellitus in ***childhood***. A total of 339 recently onset diabetic and 528 referent ***children***, age 0-14 years, were included. Information about infections was collected from a mailed questionnaire and about vaccinations from childhood health care centres and schools. When ***vaccinations*** were considered as possible risk factors for diabetes, a significant decrease in relative risk estimated as odds ratio (OR) was noted for measles ***vaccination*** (OR = 0.69; 95% confidence limits 0.48-0.98). For ***vaccination*** against tuberculosis, smallpox, tetanus, whooping cough, rubella and mumps no significant effect on OR for ***diabetes*** was found. The odds ratio for Type 1 diabetes for children exposed to 0, 1-2 or over 2 infections during the last year before diagnosis of diabetes revealed a linear increase (OR = 1.0, 1.96 and 2.55 for 0, 1-2 and over 2 infections, respectively). The trend was still significant when standardized for possible confounders such as age and sex of the children, maternal age and education and intake of antibiotics and analgetics. In conclusion, a protective effect of measles vaccination for Type 1 diabetes in childhood is indicated as well as a possible causal relationship between the onset of the disease and the total load of recent infections.

13/7/5 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10702239 BIOSIS NO.: 199191085130
NO EVIDENCE FOR THE ENHANCED PRODUCTION OF INSULIN AUTOANTIBODIES AFTER
CONFRONTATION WITH COMMON VIRAL ANTIGENS IN INSULIN DEPENDENT DIABETES
MELLITUS

AUTHOR: DIEPERSLOOT R J A (Reprint); BOUTER K P; BRUINING G J; MOLENAAR J L
; HOEKSTRA J B L; MASUREL N; ERKELENS D W
AUTHOR ADDRESS: LABORATORIUM MEDISCHE MICROBIOLOGIE, PO BOX 90103, 5600 RA
EINDHOVEN
JOURNAL: Netherlands Journal of Medicine International Edition 37 (5-6): p
225-230 1990
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: The production of insulin autoantibodies (IAA) was studied after
common viral infections in 12 children with type 1 diabetes
mellitus and in their 18 healthy siblings. In addition, the production of
IAA was measured after influenza vaccination with booster in 39
patients with type 1 ***diabetes*** mellitus and in 39 healthy controls.
In 7 of the 12 diabetic children 13 viral infections were
serologically confirmed. Among the siblings 14 periods of infection were
noted in 9 individuals. A significant rise in IAA antibody titre was
demonstrated in patients twice (IgG both times) and in siblings 11 times
(IgM 5 +, IgG 6 +, difference significant $P < 0.05$). In only
three cases the rise in antibody titres occurred 6-12 wk after documented
infection. There was a significant inverse correlation with age in both
patients ($r = 0.89$, $P < 0.0001$) and siblings ($r = 0.67$, $P < 0.001$) for
IgM IAA. After influenza vaccination a significant increase in IAA was
noted twice: IgM IAA in a patient with diabetes and IgG IAA in a healthy
volunteer. A four-fold decrease in IgG IAA was documented in one diabetic
patient. From these results it is concluded that IAA formation is not a
direct sequela of viral infection or vaccination.

13/7/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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10046807 BIOSIS NO.: 199039100196
INFECTIONS AND VACCINATIONS AS RISK DETERMINANTS FOR DIABETES
IN CHILDHOOD
AUTHOR: BLOM L (Reprint); NYSTROM L; SANDSTROM A; DAHLQUIST G
AUTHOR ADDRESS: DEP OF PEDIATRICS, KAROLINSKA INST, STOCKHOLM**SWEDEN
JOURNAL: Acta Endocrinologica Supplementum 122 (3): p6 1990
CONFERENCE/MEETING: 25TH ANNUAL MEETING FOR THE STUDY OF DIABETES,
COPENHAGEN, DENMARK, MAY 24-26, 1990. ACTA ENDOCRINOL SUPPL.
ISSN: 0300-9750
DOCUMENT TYPE: Meeting
RECORD TYPE: Citation
LANGUAGE: ENGLISH

13/7/7 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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09781346 BIOSIS NO.: 198988096461
EFFECT OF A MICROCOMPUTER-BASED REGISTRY ON ADULT IMMUNIZATIONS
AUTHOR: KLACHKO D M (Reprint); WRIGHT D L; GARDNER D W
AUTHOR ADDRESS: COSMOPOLITAN INT DIABETES CENT, UNIV MO-COLUMBIA HOSP
CLINICS, ONE HOSPITAL DRIVE, COLUMBIA, MO 65212, USA**USA
JOURNAL: Journal of Family Practice 29 (2): p169-172 1989
ISSN: 0094-3509
DOCUMENT TYPE: Article
RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: A survey of patients attending the Cosmopolitan International Diabetes Center showed that one third of those born prior to 1935 did not know their immunization status, and only 56% of this group remembered ever receiving tetanus ***vaccine***. In contrast, of those born after 1935, 98% gave a history of being vaccinated for tetanus, either as a ***child*** (76%) or as an adult (22%). Eight of the 35 patients who could not remember or denied receiving pneumococcal vaccine had in fact received it. Most patients could remember whether and when they had received influenza vaccine. A microcomputer-based registry was used to generate summaries of clinical information of each patient visit. These summaries included prevention-related items. There was a three- to five-fold increase in immunization rates when the dates of the most recent vaccinations were prominently displayed on the summary at the time of each visit.

13/7/8. (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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08158519 BIOSIS NO.: 198682004906
ISLET CELL ANTIBODIES AND THE DEVELOPMENT OF DIABETES MELLITUS IN RELATION
TO MUMPS INFECTION AND MUMPS VACCINATION
AUTHOR: HELMKE K (Reprint); OTTEN A; WILLEMS W R; BROCKHAUS R;
MUELLER-ECKHARDT G; STIEF T; BERTRAMS J; WOLF H; FEDERLIN K
AUTHOR ADDRESS: MED KLIN III UND POLIKLIN, JUSTUS LIEBIG-UNIV GIESSEN,
RODTHOHL 6, D-6300 GIESSEN, FRG**WEST GERMANY
JOURNAL: Diabetologia 29 (1): p30-33 1986
ISSN: 0012-186X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Islet cell antibodies were investigated in 127 non-diabetic children after mumps infection and in four out of seven children who developed diabetes mellitus shortly after active mumps ***vaccination***. Twenty-one of the ***children*** who had mumps and all four vaccinated children who were tested had islet cell cytoplasmic antibodies. In contrast, islet cell surface antibodies were detected in 43 out of 68 patients with mumps infection and in 32 out of 44 patients with other viral diseases. All but one mumps-infected child and all the other viral infected patients investigated did not develop diabetes mellitus. The mumps-infected ICA positive children did not show those HLA-frequencies associated with Type 1 diabetes.

13/7/9 (Item 9 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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06297250 BIOSIS NO.: 198172031201
IMMUNIZATION TO PREVENT INSULIN DEPENDENT DIABETES MELLITUS THE ECONOMICS
OF GENETIC SCREENING AND VACCINATION FOR DIABETES
AUTHOR: ENGLAND W L (Reprint); ROBERTS S D
AUTHOR ADDRESS: 1001 W TENTH ST, INDIANAPOLIS, INDIANA 46202, USA**USA
JOURNAL: Annals of Internal Medicine 94 (3): p395-400 1981
ISSN: 0003-4819
DOCUMENT TYPE: Article
RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: There is increasing evidence that some cases of insulin-dependent diabetes mellitus are virally induced and vaccination against this disease may become possible. The costs and benefits that would occur if a diabetes vaccine were developed were examined, using a decision tree to model the alternative vaccination policies, including HLA screening. Many cost and likelihood data were found in the literature, and when data on the potential vaccine had to be hypothesized, a sensitivity analysis was used to check estimates. Vaccinating all children at age 3 would be preferable to HLA screening and vaccinating only persons with a genetic predisposition to developing ***diabetes***. A 50% effective vaccine would cut the diabetes incidence rate by 29% and save the USA population \$30 million annually in direct costs of diabetes care. If indirect costs are considered these savings could amount to \$4.2 billion over 60 yr, discounted to present value at 5%, while preventing over 200,000 cases of insulin-dependent diabetes.

13/7/10 (Item 10 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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06139594 BIOSIS NO.: 198121023557
HISTO PATHOLOGIC AND CLINICAL ASPECTS OF DENTAL CARIES
BOOK TITLE: FORRESTER, D. J., M. L. WAGNER AND J. FLEMING (ED.). PEDIATRIC
DENTAL MEDICINE. XV+692P. LEA AND FEBIGER: PHILADELPHIA, PA., USA. ILLUS
AUTHOR: WEI S H Y (Reprint)
AUTHOR ADDRESS: DEP PEDODONT, COLL DENT, UNIV IOWA, IOWA CITY, IOWA, USA**
USA
pP155-171 1981
ISBN: 0-8121-0663-6
DOCUMENT TYPE: Book
RECORD TYPE: Citation
LANGUAGE: ENGLISH

13/7/11 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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05354760 BIOSIS NO.: 197865015747
INFLUENZA VACCINE
AUTHOR: ANON (Reprint)
AUTHOR ADDRESS: CENT DIS CONTROL, US DEP HEALTH EDUC WELFARE, ATLANTA, GA,
USA**USA
JOURNAL: Annals of Internal Medicine 87 (3): p316-318 1977
ISSN: 0003-4819
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Bivalent influenza vaccines for the 1977-1978 immunization period will contain inactivated influenza A and B viruses representing currently prevalent strains and will be available in split-virus and whole-virus preparations, which differ in side-effects and immunogenicity. Annual vaccination is recommended for adults and children of all ages with chronic diseases, especially diabetes mellitus or cardiac, pulmonary or renal disease. ***Vaccination*** is recommended for persons over age 65 yr and persons in vital community services.

Age-related doses are specified in a table, and side-effects and use in pregnancy are discussed in the text.

13/7/12 (Item 12 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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04333176 BIOSIS NO.: 197410079331
A SHORT REVIEW OF THE ACHIEVEMENTS OF SCIENTIFIC STUDIES IN PEDIATRICS IN
1972
AUTHOR: EFIMOVA A A; SAGULKA V V; VINTOVKINA I S; SHLYAKHTINA S E
JOURNAL: Pediatriya (Moscow) 1 p58-64 1974
ISSN: 0031-403X
DOCUMENT TYPE: Article
RECORD TYPE: Citation
LANGUAGE: Unspecified

13/7/13 (Item 13 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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03247566 BIOSIS NO.: 196950065718
RACIAL DIFFERENCES IN MANTOUX REACTION AFTER BCG VACCINATION
IMPLICATIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS CHILDREN
AUTHOR: SIEGEL M; GLASS R; CHAVES A D
JOURNAL: American Review of Respiratory Disease 98 (4): p681-686
1968
DOCUMENT TYPE: Article
RECORD TYPE: Citation
LANGUAGE: Unspecified

13/7/14 (Item 14 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0001300754 BIOSIS NO.: 19634100022800
The significance of altered reactivity in the pathogenesis of collagen
disease in children
ORIGINAL LANGUAGE TITLE: Znachenie izmenennoi reaktivnosti v patogeneze
kollagenovyykh zabolevaniy u detei
AUTHOR: DOMBROVSKAYA Yu F
AUTHOR ADDRESS: Sechenov Ist Moscow Med. Inst., Moscow, USSR
JOURNAL: VESTNIK AKAD MED NAUK SSSR 17 ((10)): p26-31 1962 1962
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: With brief case histories to illustrate her points, the author discusses the role of infections in the pathogenesis of collagen diseases, the significance of hypersensitization in the development of lupus erythematosus, and the possibility of autosensitization resulting from the binding of protein by certain drugs (e.g., sulfa preparations). A less frequent occurrence is the paradoxical immune reaction to vaccination: in the example cited, a 7-month-old child developed urticaria and fever after smallpox vaccination and again, at 4 years of age, after a single dose of gamma-globulin, given for whooping cough. Since the formation of autoantibodies to various tissues in response to such pathologic factors is by no means inevitable,

the individual reactivity of the "allergic" child must be a further and necessary condition. The findings of various investigators are summarized, and the anamnestic data on patients with collagen disease (particularly those with lupus erythematosus) seen at the Sechenov Inst. are analyzed. These data suggest the etiologic significance of toxicosis and maternal disease during pregnancy. Of the neonatal diseases, chronic jaundice, obstinate intertrigo, and pyoderma may conduce to early sensitization. ABSTRACT AUTHORS: C. J. Howell

13/7/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0001280814 BIOSIS NO.: 19634100002859
Cutaneous lesions following BCG vaccination [English, French, Russian, and German summ.]
ORIGINAL LANGUAGE TITLE: Leziuni cutanate consecutive vaccinariei B. C. G [English, French, Russian, and German summ.]
AUTHOR: LONGHIN S; ANTONESCU S
JOURNAL: DERMATO VENEROLOGIA 6 ((4)): p295-305 1961 1961
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: Seven cases of cutaneous lesions are reported, occurring after mass BCG vaccination (preceded by the tuberculin sensitivity test): 2 cases of lupus planus, 1 case of scrofuloderma, and 3 cases of lichen scrofulosorum. The conclusion is reached that BCG vaccination, particularly in tuberculin-negative children living in a tuberculous environment, and in adults, should be preceded by the BCG test, in order to detect infratuberculin allergy. In one of the cases of lichen scrofulosorum that appeared after BCG vaccination, the generalized lesions strictly avoided the site of ***vaccination***. This points to a dissociation between tissue immunity and tuberculous hyperergy. A case of psoriasis in a ***child***, occurring 7 days after the BCG vaccination and in whom lupus appeared at the site of ***vaccination***, is described. ABSTRACT AUTHORS: Authors

13/7/16 (Item 16 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0001139647 BIOSIS NO.: 19613600049557
Complications following BCG vaccination [Greek and English summ.]
ORIGINAL LANGUAGE TITLE: Complications consecutive a la vaccination par le B.C.G [Greek and English summ.]
AUTHOR: MERCIER P; POULI-PATERAKI E
JOURNAL: ARCH INST PASTEUR HELLENIQUE 5 ((2)): p147-160 1959 1959
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: Complications to BCG vaccination are divided into nonspecific and specific. Non-specific complications appear either during the first week on vaccinated persons, already allergic or in the ante-allergic phase. Specific complications, following BCG oral vaccination are: cervical suppurative adenitis, retropharyngeal abscess, multiple suppurated ganglions, complicated sometimes by atypical infiltrations or scrofuloderma and otitis media. Specific complications, following BCG

intradermic vaccination are divided in local, regional and generalized complications, a) Local complications: large ulcerations, prolonged ulceration, sub-cutaneous abcess, scrofuloderma, lymphangitis, ***lupus*** vulgaris, lupoid affection, tuberculide, Koch's phenomenon. b) Regional complications: simple adenitis, suppurative adenitis, scrofuloderma. c) Generalized complications: tuberculide, adenitis. In order to diminish complications, from oral vaccination, children are not vaccinated immediately after birth and BCG vaccine in the mouth must be washed down by giving a sufficient quantity of liquid to the child, immediately after the administration of the vaccine. It is important to vaccinate newborns in good health and never to give BCG in case of acute infection of the nasal mucosa. In order to reduce complications after dermic BCG vaccination, the virulent strain must be replaced by a less virulent one, the dose given to small children (0-2 years old) must be reduced and, if there is no source of infection in the environment, we consider it would be advisable to postpone the vaccination until the child is past the age of two. To avoid Koch's phenomenon and to diminish lupus incidence, repeated tuberculin tests with various tuberculin concentrations are necessary. Only persons in good health may be ***vaccinated*** . ABSTRACT AUTHORS: Authors

13/7/17 (Item 17 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0000985323 BIOSIS NO.: 19593300030320
Methods and results of prophylactic vaccination against tuberculòsis in Czechoslovakia
AUTHOR: SHULA L
JOURNAL: PROBLEMY TUBERKULEZA 1956 ((2)): p13-20 1956 1956
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: In Czechoslovakia a compulsory intradermal vaccination by BCG vaccine is performed on all persons below 30 years old with a negative tuberculin test. The dry BCG vaccine is prepared in 50% glucose from a 14-day bacterial culture. Complications after BCG ***vaccination*** in the form of abscesses and lymphadenitis occur mostly in cases when the ***vaccine*** is prepared from young 7-10-day-old cultures. Of 2 million children inoculated by Danish vaccine 6 developed lupus ; the same ***vaccine*** caused an increased percentage of lymphadenitis. The inoculation by an M-vaccine was conducted from 1950 on limited numbers and so far has caused few complications. The question of M-vaccine effectiveness cannot be considered definite because the number of inoculations so far is insufficient. The great effectiveness of the BCG vaccine is noted. In 1952-1954 in Prague not 1 inoculated person up to 20 years old died from tuberculosis; in 1950-1953 out of 520 children TB bacilli excretors 485 were not inoculated, and 12 inoculated. The BCG inoculation is most effective at an early age. The necessity is noted of obtaining new vaccine strains which are capable of prolonged preservation in the organism in a live state, and cause no complications.

13/7/18 (Item 18 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0000259718 BIOSIS NO.: 19330700016239

Vaccinations par le B. C. G. en Roumanie
AUTHOR: CANTACUZENE J; NASTA M; VEBER T
JOURNAL: ARCH ROU MAINES PATH EXP ET MICROBIOL 4 ((1)): p71-93 1931
1931
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: "Vaccination of young children against tuberculosis with BCG has been performed on a large scale in Rumania, some 70,000 having now been treated. No accident has marred the campaign, and BCG is considered innocuous. Among children up to 12 mos. old the general mortality in Rumania averages 20%; among the vaccinated it averages only 8%, suggesting that some non-specific resistance to disease is conferred by the vaccine. Tuberculosis mortality in young ***children*** is much less among the vaccinated; in Bucarest, among children born and living in a tuberculous environment, mortality among the vaccinated is 1.74 (tuberculosis certain) or 2.7 (tuberculosis possible) ; among the unvaccinated it is 25%. BCG also exerts a favorable action in treatment of certain affections, such as lupus, and tuberculous pleurisy and peritonitis. ABSTRACT AUTHORS: R. T. Hewlett

13/7/19 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0074779495 EMBASE/Medline No: 1991285688
Invasive group B streptococcal disease in adults: A population-based study in metropolitan Atlanta
Schwartz B.; Schuchat A.; Oxtoby M.J.; Cochi S.L.; Hightower A.; Broome C.V.
Meningitis/Spec. Pathogens Br., Bacterial/Mycotic Dis. Div., Centers for Disease Control, Atlanta, GA 30333, United States
CORRESP. AUTHOR/AFFIL: Schuchat A.: Meningitis/Spec. Pathogens Br., Bacterial/Mycotic Dis. Div., Centers for Disease Control, Atlanta, GA 30333, United States

Journal of the American Medical Association (J. AM. MED. ASSOC.) (United States) October 22, 1991, 266/8 (1112-1114)
CODEN: JAMAA ISSN: 0098-7484
DOI: 10.1001/jama.266.8.1112
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

Objective. - To define the incidence and clinical spectrum of group B streptococcus infection in adults. To characterize groups at increased risk for infection. Design. - Retrospective population-based surveillance of group B streptococcus infections occurring in adults. Patients were identified by review of microbiology records at all surveillance area hospital laboratories. Demographic and clinical data were abstracted from patient medical records. Setting. - Metropolitan Atlanta, Ga, 1982 through 1983. Patients. - We identified 70 adult patients with invasive group B streptococcus infections; 14 infections occurred in pregnant women and 56 in nonpregnant adults. Results. - The annual incidence of group B streptococcus infection in men and nonpregnant women was 2.4 cases per 100 000 population. Incidence increased with age and was higher in blacks than in whites. The case-fatality rate was 32%. Group B streptococcus was most often isolated from blood (71%) and soft tissue (16%). Common clinical presentations included skin and soft-tissue infection (36%), bacteremia without focus (34%), pneumonia (11%), arthritis (9%), and endocarditis

(9%). Compared with the general population's risk of infection, the risk of infection in persons with diabetes mellitus was increased 10.5-fold (95% confidence interval [CI], 7.8 to 14.4); in persons with cancer, it was increased 16.4-fold (95% CI, 11.5 to 23.3). Conclusions. - Group B streptococcus infections cause serious disease in adults as well as in neonates, providing an additional rationale for vaccine development. Determining the incidence of adult disease and groups at greatest risk will help in focusing prevention efforts.

13/7/20 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0073459414 EMBASE/Medline No: 1987223452
Islet cell antibodies and viral infections
Federlin K.; Otten A.; Helmke K.
III Medical Clinic and Policlinic, Pediatric Clinic, Justus Liebig
University, D-6300 Giessen, Germany:
CORRESP. AUTHOR/AFFIL: III Medical Clinic and Policlinic, Pediatric
Clinic, Justus Liebig University, D-6300 Giessen, Germany

Experimental and Clinical Endocrinology (EXP. CLIN. ENDOCRINOL.) (German Democratic Republic) December 1, 1987, 89/3 (368-374)
CODEN: EXCED ISSN: 0232-7384
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

The sera of 127 non-diabetic children after mumps-infection were investigated for the presence of islet cell antibodies and islet cell surface antibodies. The study also included 4 ***children*** who developed ***diabetes*** mellitus shortly after an active mumps ***vaccination*** . 21 of the non-diabetic children and four of the vaccinated ***children*** exhibited islet cell cytoplasmic antibodies. Islet cell surface antibodies were observed more frequently, namely in 43 out of 68 patients studied after mumps infection and in 32 out of 44 patients studied after different viral diseases. With one exception, none of the mumps-infected children and none of the other viral infected patients developed diabetes mellitus.

13/7/21 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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0072878701 EMBASE/Medline No: 1985134117
Tetanus and diphtheria vaccinations in children
VACCINATIONS ANTITETANIQUE ET ANTIDIPHTERIQUE CHEZ L'ENFANT
Mouton Y.; Chidiac C.; Fourrier A.
Service Regional des Maladies Infectieuses, Centre Hospitalier, 59208
Tourcoing, France:
CORRESP. AUTHOR/AFFIL: Service Regional des Maladies Infectieuses, Centre
Hospitalier, 59208 Tourcoing, France

Semaine des Hopitaux (SEM. HOP.) (France) July 24, 1985, 61/21
(1535-1538)
CODEN: SHPAA ISSN: 0037-1777
DOCUMENT TYPE: Journal RECORD TYPE: Citation
LANGUAGE: French SUMMARY LANGUAGE: English

13/7/22 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0072288432 EMBASE/Medline No: 1983231050
Photosensitivity in children
Ramsay C.A.
Suite 309, Burton Hall, 60 Grosvenor Str., Toronto, Ont. M5S 1B6, Canada:
CORRESP. AUTHOR/AFFIL: Suite 309, Burton Hall, 60 Grosvenor Str.,
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Pediatric Clinics of North America (PEDIATR. CLIN. NORTH AM.) (United States) November 4, 1983, 30/4 (687-699)
CODEN: PCNAA ISSN: 0031-3955
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English

A suggested classification of the photodermatoses that present in ***children*** is as follows: A. Genetic Diseases: 1. Due to enzyme abnormalities: porphyria, xeroderma pigmentosum. 2. Abnormality uncertain: Bloom syndrome, Rothmund-Thomson syndrome, Cockayne syndrome. B. Idiopathic Diseases: juvenile spring eruption, actinic prurigo, hydroa
vacciniforme. This classification must be considered arbitrary until more information concerning the etiology of most of these conditions is available. Photosensitivity induced by systemic or topical chemicals is very rare in ***children***. There are some diseases, for example, lupus erythematosus, that are exacerbated by sunlight, but these will not be further discussed. Diseases that have an onset predominantly in infancy are erythropoietic protoporphyria, congenital erythropoietic porphyria, xeroderma pigmentosum, Bloom syndrome, Rothmund-Thomson syndrome, and Cockayne syndrome. Erythropoietic protoporphyria, actinic prurigo, and hydroa vacciniforme are diseases that may present later in childhood.

13/7/23 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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0071862257 EMBASE/Medline No: 1981180873
B.C.G. lupus
Lal H.
Tbc. Cent., Gurgaon, India:
CORRESP. AUTHOR/AFFIL: Tbc. Cent., Gurgaon, India

Indian Journal of Tuberculosis (INDIAN J. TUBERC.) (India) December 1, 1980, 27/3 (130-132)
CODEN: IJTBA ISSN: 0019-5707
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: English

Two brothers aged 4 and 8 years developed Lupus Vulgaris after B.C.G. ***vaccination***. No other ***child*** ***vaccinated*** in the same village with same ***vaccine*** lot developed this complication.

13/7/24 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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0071038136 EMBASE/Medline No: 1978177951
Influenza vaccine

Annals of Internal Medicine (ANN. INTERN. MED.) (United States)
December 14, 1977, 87/3 (316-318)
CODEN: AIMEA ISSN: 0003-4819
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: English

The bivalent influenza vaccines for the 1977-1978 immunization period will contain inactivated influenza A and B viruses representing currently prevalent strains and will be available in 'split-virus' and 'whole-virus' preparations, which differ in side-effects and immunogenicity. Annual vaccination is recommended for adults and children of all ages with chronic diseases, especially diabetes mellitus or cardiac, pulmonary, or renal disease. ***Vaccination*** is also recommended for persons over age 65 yr and persons in vital community services. Age-related doses are specified in a table, and side-effects and use in pregnancy are discussed in the text.

13/7/25 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
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0070970375 EMBASE/Medline No: 1978110156
BCG lupus, with multiple cutaneous and osteo articular foci
BECEGITE LUPIQUE A FOYERS MULTIPLES CUTANES ET OSTEO ARTICULAIRES
Chervonaz B.; Chervonaz D.
54, Ave. de la Republique, Chateauroux, France:
CORRESP. AUTHOR/AFFIL: 54, Ave. de la Republique, Chateauroux, France

ANN.DERMATOL.VENEREOL. September 8, 1977, 104/4 (324-326)
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: French

This article concerns a rare complication of B.C.G. vaccination, awareness of which is however extremely necessary, since it most frequently occurs in children and poses risk of: esthetic complications, sometimes severe, varying according to the extent of the skin lesions, which may occur at a distance from the site of vaccination; articular complications, which happily can be reduced by early diagnosis; bony complications if the diagnosis is delayed, which may lead eventually to unnecessary surgical intervention. Diagnosis at the earliest possible moment is essential. The authors stress the remarkable effects of rifampicin on all 3 types of lesions, and its extremely high toleration.

13/7/26 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE
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0070747241 EMBASE/Medline No: 1977104088
Spontaneous remission of diabetes in children
EIGENE BEOBACHTUNGEN UBER SPONTANE DIABETESREMISSIONEN IM KINDESALTER
Nowakowski T.; Wasikowa R.
Klin. Ped. Ongolnej, Wroclaw, Poland:
CORRESP. AUTHOR/AFFIL: Klin. Ped. Ongolnej, Wroclaw, Poland

Kinderarztliche Praxis (KINDERARZTL. PRAX.) December 1, 1976, 44/6
(262-264)

CODEN: KIPRA ISSN: 0023-1495
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: German

Remissions of 3 weeks to over 3 years were observed in 16 (9 boys, 7 girls) of 251 patients. They occurred 7 weeks to 6 months after the start of clinical and biochemical signs of manifest diabetes mellitus between 7 and 12 years of age. Remissions were not related to treatment or severity of initial symptoms of ***diabetes***. Decompensation followed acute infection or ***vaccination*** in 11 ***children***. These remissions are not as rare as supposed; further studies are needed.

13/7/27 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
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0070508207 EMBASE/Medline No: 1976075213
Rubella virus infection in juvenile rheumatoid arthritis
Ogra P.L.; Chiba Y.; Ogra S.S.; et-al
Dept. Ped., Sch. Med., State University New York, Buffalo, N.Y., United States

:
CORRESP. AUTHOR/AFFIL: Dept. Ped., Sch. Med., State University New York,
Buffalo, N.Y., United States

Lancet (LANCET) December 1, 1975, 1/7917 (1157-1161)
CODEN: LANCA ISSN: 0140-6736
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

Antibody activity against mumps, measles, polio, and rubella viruses was determined in patients with juvenile rheumatoid arthritis (J.R.A.), rubella vaccine associated arthritis, adult rheumatoid arthritis, other chronic systemic disorders (e.g., systemic ***lupus*** and dermatomyositis), and in a matched population of normal, non rheumatoid (control) ***children***. The antibody levels against mumps, measles, and poliovirus were similar in all patients. Rubella antibody levels in rheumatoid arthritis and other systemic disorders were similar to those observed in controls. The mean rubella antibody levels in rubella vaccine arthritis were 4 times higher than in controls. The IgM and IgG rubella antibody levels in J.R.A. were found to be 4-6 times higher when compared to titres observed in the controls. Highest antibody levels were seen in younger children with J.R.A. Detection of rubella virus antigen was attempted by immunofluorescence in the sediment smears of synovial fluid of patients with J.R.A., adult rheumatoid arthritis, and other nonrheumatoid joint diseases. Specific staining for rubella virus antigen was observed in the synovial fluid of 33% of patients with J.R.A. No antigen was detected in the synovial fluid from other patients. These observations suggest a possible role of rubella virus infection in J.R.A.

13/7/28 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
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0070478601 EMBASE/Medline No: 1976045604
Is mumps virus an etiologic factor in juvenile diabetes mellitus?
Preliminary report
Sultz H.A.; Hart B.A.; Zielezny M.; Schlesinger E.R.
Dept. Society Prev. Med., Sch. Med., State University New York, Buffalo, N.Y.,
United States:

CORRESP. AUTHOR/AFFIL: Dept. Society Prev. Med., Sch. Med., State University New York, Buffalo, N.Y., United States

Journal of Pediatrics (J. PEDIATR.) December 1, 1975, 86/4 (654-656)
CODEN: JOPDA ISSN: 0022-3476
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

Interviews were conducted with 112 parents of diabetic children (about 1/3 of the diabetes cases in Erie County) regarding the age at occurrence of mumps vaccination, exposure to mumps, or mumps in relation to age at the onset of ***diabetes*** mellitus. For almost 50% of cases, mumps or exposure to mumps preceded ***diabetes***. An additional 11% of children received mumps vaccine prior to the onset of ***diabetes***. The median lag time for such cases was 3 yr (the mean lag time, 3.8 yr) which closely matched the epidemiologic feature just described. Most of the remaining diabetic ***children*** interviewed were diagnosed at a very early age. These are preliminary findings.

13/7/29 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE
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0070478154 EMBASE/Medline No: 1976045156
Manifestation of diabetes mellitus after smallpox vaccination
DIABETESMANIFESTATION NACH POCKENIMPFUNG
Schneider H.
Bezirksdiab. Abt., Kreiskrankenh., Prenzlau, German Democratic Republic:
CORRESP. AUTHOR/AFFIL: Bezirksdiab. Abt., Kreiskrankenh., Prenzlau,
German Democratic Republic

Kinderarztliche Praxis (KINDERARZTL. PRAX.) December 1, 1975, 43/3
(101-107)
CODEN: KIPRA ISSN: 0023-1495
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: German

A report is given on a 21 mth old girl with a weak diabetes heredity in the paternal and maternal ascendance, who 3 wk after a correct first smallpox vaccination developed typical symptoms of diabetes. Three wk elapsed until the diagnosis of diabetes was confirmed. On the 41st day after the vaccination, a glycemia of 860 mg/100 ml and a moderate metabolic acidosis were observed. The vaccination is considered a manifestation promoting factor, while a causal connection between vaccination and the manifestation of diabetes should be eliminated in the absence of a convincing pathogenetic explanation.

13/7/30 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE
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0070239696 EMBASE/Medline No: 1975023412
Serum levels of insulin binding antibodies in diabetic children treated with monocomponental insulin (Polish)
Symonides Lawecka A.; Ludwiczak H.; Rogala H.; et-al
Oddz. Wewn., III Klin. Ogolnoped., Inst. Ped., AM, Warszawa, Poland:
CORRESP. AUTHOR/AFFIL: Oddz. Wewn., III Klin. Ogolnoped., Inst. Ped., AM,
Warszawa, Poland

Poliski Tygodnik Lekarski (POL. TYG. LEK.) December 1, 1974, 29/16
(641-643)
CODEN: POLEA ISSN: 0032-3756
DOCUMENT TYPE: Journal RECORD TYPE: Citation
LANGUAGE: Polish

13/7/31 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE
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0066008687 EMBASE/Medline No: 3915545
Anti-influenza vaccination in children
La vaccinazione antinfluenzale nel bambino.
Battistini A.; Ollari R.; Dodi L.
CORRESP. AUTHOR/AFFIL: Battistini A.

La Pediatria medica e chirurgica : Medical and surgical pediatrics (
Pediatr Med Chir) (Italy) May 1, 1985, 7/3 (369-374)
ISSN: 0391-5387
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: Italian
NUMBER OF REFERENCES: 33

Due to new methods, including genic recombination, four anti-influenza vaccines are now available: whole inactivated virus vaccine; surface antigen (sub-unit); disrupted virus (split virus); live attenuated virus (used only in the USSR). The safest vaccine at the present time is the split vaccine, as it has been used on large populations (including children) for many years in Japan. Moreover, this is the only vaccine used in the USA on children (over three years of age). Systemic side effects of the split vaccine are exceptional (1 case in 5 million of subjects vaccinated) while local redness or fever are relatively more frequent. The following considerations make vaccination advisable in paediatrics: the increase in number of inpatients with respiratory and other diseases (e.g. febrile convulsions) during influenza epidemics; influenza is a diffuse and highly contagious disease which spreads in the population from

children to adults. The split vaccine is not available in Italy, therefore vaccination in our country is limited to children at high risk for influenza related complications. As well as subjects aged over 65, the following children especially need to be vaccinated: patients with chronic disorders of cardiovascular and pulmonary systems (chronic asthma, cystic fibrosis, pulmonary disease due to inhalation) and some metabolic diseases such as diabetes mellitus or Addison's disease.

13/7/32 (Item 14 from file: 73)
DIALOG(R)File 73:EMBASE
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0065968194 EMBASE/Medline No: 3700076
Prevention--how misuse of a concept undercuts its worth.
Goodman L.E.; Goodman M.J.
CORRESP. AUTHOR/AFFIL: Goodman L.E.

The Hastings Center report (Hastings Cent Rep) (United States) April
1, 1986, 16/2 (26-38)
ISSN: 0093-0334
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline
LANGUAGE: English

Some health leaders and researchers have launched mass prevention programs without sound biomedical groundwork. They have oversold the benefits of prevention and underestimated the secondary effects. Some have forced nonmedical concerns into the medical model. Others have blurred the distinctions between prevention and other measures such as screening or therapy. Some have transferred responsibility for disease to the victim. A few have imputed magical powers to certain symbols of prevention, in order to create an illusion of control.

13/7/33 (Item 15 from file: 73)
DIALOG(R)File 73:EMBASE
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0065762017 EMBASE/Medline No: 6385957

Mumps, mumps vaccination, islet cell antibodies and the first manifestation of diabetes mellitus type I.

Otten A.; Helmke K.; Stief T.; Mueller-Eckhard G.; Willems W.R.; Federlin K.

CORRESP. AUTHOR/AFFIL: Otten A.

Behring Institute Mitteilungen (Behring Inst. Mitt.) (Germany) July 1, 1984, -/75 (83-88)

ISSN: 0301-0457

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

To connect mumps and diabetes mellitus in children is an old problem in medical literature. The typical occurrence of ICA at the onset of diabetes in children, as well as the incidence of ICA approximately 3 weeks after mumps infection support the hypothesis of a direct relationship between virus infection and ***diabetes***. But the mumps infection alone is not the key factor. Mumps ***vaccination*** may not provide protection against diabetes mellitus, it may even provoke it. (Genetic determination, expressed by the HLA-phenotype in all the patients reported, does not allow a differentiation.)

13/7/34 (Item 16 from file: 73)
DIALOG(R)File 73:EMBASE
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0065352985 EMBASE/Medline No: 7025158

Assessment of the antibody response to pneumococcal vaccine in high-risk populations.

Landesman S.H.; Schiffman G.

CORRESP. AUTHOR/AFFIL: Landesman S.H.

Reviews of infectious diseases (Rev. Infect. Dis.) (United States)

March 1, 1981, 3 Suppl/- (S184-197)

ISSN: 0162-0886

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

NUMBER OF REFERENCES: 67

Vaccine-induced levels of antibody to Streptococcus pneumoniae of

approximately 250-300 ng of antibody nitrogen/ml are protective against pneumococcal disease. Side effects of vaccination are not severe and are generally confined to local reactions at the site of inoculation. Patients with a documented high risk of acquiring pneumococcal disease include the elderly, especially those with underlying cardiopulmonary disease, and those with sickle cell anemia, Hodgkin's disease, a renal transplant, multiple myeloma, asplenia, and nephrotic syndrome. People with insulin-dependent diabetes mellitus or renal failure do not appear to be at high risk. All of these groups, except those with multiple myeloma, respond to vaccine with levels of antibody that are protective for many but not all of the serotypes included in the vaccine. Immunosuppression, splenectomy, and hemoglobinopathy depress antibody response. Duration of vaccine-induced antibody is unknown but may be shorter than that in normal persons. Preliminary guidelines for vaccination are proposed.

13/7/35 (Item 17 from file: 73)
DIALOG(R)File 73:EMBASE
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0064873212 EMBASE/Medline No: 900679

Influenza vaccine: recommendations of the Public Health Service Advisory Committee on Immunization Practices, Center for Disease Control, U.S. Department of Health, Education, and Welfare; Atlanta, Georgia.

Annals of internal medicine (Ann. Intern. Med.) (United States)
September 1, 1977, 87/3 (316-318)
ISSN: 0003-4819
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

The bivalent influenza vaccines for the 1977-1978 immunization period will contain inactivated influenza A and B viruses representing currently prevalent strains and will be available in "split-virus" and "whole-virus" preparations, which differ in side-effects and immunogenicity. Annual vaccination is recommended for adults and children of all ages with chronic diseases, especially diabetes mellitus or cardiac, pulmonary, or renal disease. ***Vaccination*** is also recommended for persons over age 65 years and persons in vital community services. Age-related doses are specified in a table, and side-effects and use in pregnancy are discussed in the text.

13/7/36 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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10968511 PMID: 8307260

Decline of mumps antibodies in type 1 (insulin-dependent) diabetic children and a plateau in the rising incidence of type 1 diabetes after introduction of the mumps-measles-rubella ***vaccine*** in Finland. ***Childhood*** ***Diabetes*** in Finland Study Group.

Hyoty H; Hiltunen M; Reunanen A; Leinikki P; Vesikari T; Lounamaa R; Tuomilehto J; Akerblom H K

Department of Biomedical Sciences, University of Tampere, Finland.
Diabetologia (GERMANY) Dec 1993, 36 (12) p1303-8, ISSN 0012-186X--Print 0012-186X--Linking Journal Code: 0006777

Contract/Grant Number: DK 37957; DK; NIDDK NIH HHS United States

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Document type: Comparative Study; Journal Article; Research Support,
Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

A nationwide mumps-measles-rubella vaccination was introduced in 1982 in Finland to children aged 1.5 to 6 years and since then mumps has virtually disappeared in the country. We investigated whether this rapid epidemiological change had any impact on antibody activity against mumps virus in Type 1 (insulin-dependent) diabetic children or on the incidence of Type 1 ***diabetes*** in Finland. Two case-control series were collected before (series I and II) and three series after (series III-V) the introduction of the ***vaccination***. IgA class mumps antibody levels were significantly higher in Type 1 diabetic children than in matched control children in the first two but not in the three later series. IgG class antibody levels were similar in patients and control subjects in the first two series but significantly lower in patients than in control subjects in the three later series. The overall incidence of Type 1 diabetes in 0-14-year-old children increased until 1987 but remained about the same during 1988-1990. In 5-9-year-old ***children*** no further increase in Type 1 diabetes was seen since 1985, whereas in 0-4-year-old ***children*** the incidence continued to rise until 1990. The results suggest that the elimination of natural mumps by mumps-measles-rubella vaccination may have decreased the risk for Type 1 diabetes in Finland; a possible causal relationship is substantiated by the observed concomitant decrease in mumps antibody levels in diabetic ***children***. However, further studies are required to determine if the vaccine virus, like natural mumps, could trigger the clinical onset of Type 1 ***diabetes*** in young ***children***.

Record Date Created: 19940314
Record Date Completed: 19940314

13/7/37 (Item 2 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

10699776 PMID: 8469876 Record Identifier: 095023; 00241604
[The primary care midwife. An experience of integration]
La matrona en atencion primaria. Una experiencia de integracion.
Gallardo Redondo V; Torra i Bou J E; Aced Masjoan J
Revista de enfermeria (Barcelona, Spain) (SPAIN) Feb 1993; 16
(174) p13-9, ISSN 0210-5020--Print 0210-5020--Linking Journal Code:
8309920

Publishing Model Print TJ: REVISTA DE ENFERMERIA / ROL.
Document type: Journal Article
Languages: SPANISH
Main Citation Owner: NLM
Other Citation Owner: PIP; POP
Abstract Source: PIP
Record type: MEDLINE; Completed

The program developed three years ago at the Terrassa North Basic Health Area in Barcelona illustrates one model for integration of the midwife into the primary care team. The Program of Attention for Women created in Catalunya in 1990 specified that midwives collaborate with all primary care centers and especially with basic health areas, but the details of functional integration were not specified. The Terrassa North Basic Health Area provides services for some 29,000 persons of predominantly lower middle socioeconomic status. The center is jointly administered by the Health Consortium of Terrassa, the Catalan Health Institute, and the

municipal government of Terrassa. Twelve residents in the first through third year of specialization in family and community medicine work with the group. In addition to the Program of Attention for Women, programs are functioning for diabetes, vaccination, well child care, and preventive medicine. Other programs are in advanced stages of planning. The activities of the midwife include prenatal care, childbirth education, gynecology, and family planning. The midwife provides most of the prenatal care for women not at high risk. The childbirth education class provides 12 two-hour sessions for women over 24 weeks pregnant, with the first hour devoted to information on maternal and child care and the second to exercise, breathing, and relaxation techniques. In the family planning subprogram, the midwife informs clients of the available contraceptive techniques and helps them choose the most appropriate method.

Record Date Created: 19930513

Record Date Completed: 19930513

13/7/38 (Item 3 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

10374533 PMID: 1320651

Immunization of the elderly and patients with collagen vascular diseases with live varicella vaccine and use of varicella skin antigen.

Takahashi M; Iketani T; Sasada K; Hara J; Kamiya H; Asano Y; Baba K; Shiraki K

Research Institute for Microbial Diseases, Osaka University, Japan.

Journal of infectious diseases (UNITED STATES) Aug 1992, 166

Suppl 1 pS58-62, ISSN 0022-1899--Print 0022-1899--Linking

Journal Code: 0413675

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Elderly subjects and patients with collagen vascular diseases were immunized with a live varicella vaccine to assess the vaccine's potential for preventing herpes zoster. An improved varicella-zoster virus (VZV) skin test antigen was then used to assess cell-mediated immunity to VZV. The antigen was prepared from culture fluid of VZV-infected cells and had far less protein content than crude antigen prepared by sonication of infected cells. In 11 of 12 patients with ophthalmic zoster and 17 of 21 with dermal zoster, the skin reaction was negative at the beginning of the disease but became positive later. After two doses of VZV vaccine, 8 of 12 elderly subjects (greater than 60 years old) and 4 of 6 patients with collagen vascular diseases, who were VZV-skin test negative but purified protein derivative tuberculin test-positive, became VZV skin test-positive.

Record Date Created: 19920811

Record Date Completed: 19920811

13/7/39 (Item 4 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

09650357 PMID: 2144452

Heptavax-B in pediatric dialysis patients: effect of systemic lupus erythematosus. Chesapeake Pediatric Nephrology Study Group.

Moxey-Mims M M; Preston K; Fivush B; McCurdy F

Children's Hospital National Medical Center, Washington, DC.

Pediatric nephrology (Berlin, Germany) (GERMANY, WEST) Mar 1990,

4 (2) p171-3, ISSN 0931-041X--Print 0931-041X--Linking Journal Code:
8708728

Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

Twenty-three pediatric dialysis patients [6 hemodialysis (HD) and 17 peritoneal dialysis (PD)], with a mean age of 13.9 years, were vaccinated against hepatitis B virus and their seroconversion rates were analyzed. There was no significant difference in the mean duration of dialysis between the HD and PD groups, or between responders and nonresponders to the vaccine. In the HD group, there was a response rate of 83.3% while the PD patients had a response rate of 88.2%. The only patients failing to seroconvert after the three vaccine series all had systemic lupus erythematosus and were taking oral corticosteroids.

Record Date Created: 19901012
Record Date Completed: 19901012

13/7/40 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

08061271 PMID: 3955901

Photosensitivity in infants and children.

Bligard C A; Storer J S

Dermatologic clinics (UNITED STATES) Apr 1986, 4 (2) p311-9,
ISSN 0733-8635--Print 0733-8635--Linking Journal Code: 8300886

Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

Childhood photosensitivity diseases may encompass many of the diseases seen in adults. In addition, there are a number of photosensitivity diseases that are exclusive to children, including both acquired and congenital or genetic syndromes. These syndromes and their etiologies, when known, are discussed.

Record Date Created: 19860507
Record Date Completed: 19860507

13/7/41 (Item 6 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

08011542 PMID: 3915545

[Anti-influenza vaccination in children]

La vaccinazione antinfluenzale nel bambino.

Battistini A; Ollari R; Dodi L

La Pediatria medica e chirurgica - Medical and surgical pediatrics (ITALY)
) May-Jun 1985, 7 (3) p369-74, ISSN 0391-5387--Print 0391-5387
--Linking Journal Code: 8100625

Publishing Model Print
Document type: English Abstract; Journal Article; Review
Languages: ITALIAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed

Due to new methods, including genic recombination, four anti-influenza vaccines are now available: whole inactivated virus vaccine; surface

antigen (sub-unit); disrupted virus (split virus); live attenuated virus (used only in the USSR). The safest vaccine at the present time is the split vaccine, as it has been used on large populations (including children) for many years in Japan. Moreover, this is the only vaccine used in the USA on children (over three years of age). Systemic side effects of the split vaccine are exceptional (1 case in 5 million of subjects vaccinated) while local redness or fever are relatively more frequent. The following considerations make vaccination advisable in paediatrics: the increase in number of inpatients with respiratory and other diseases (e.g. febrile convulsions) during influenza epidemics; influenza is a diffuse and highly contagious disease which spreads in the population from ***children*** to adults. The split vaccine is not available in Italy, therefore vaccination in our country is limited to children at high risk for influenza related complications. As well as subjects aged over 65, the following children especially need to be vaccinated: patients with chronic disorders of cardiovascular and pulmonary systems (chronic asthma, cystic fibrosis, pulmonary disease due to inhalation) and some metabolic diseases such as diabetes mellitus or Addison's disease. (33 Refs.)

Record Date Created: 19860916

Record Date Completed: 19860916

13/7/42 (Item 7 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

07989084 PMID: 4093916

Pneumococcal immunization in patients with systemic lupus erythematosus treated with immunosuppressives.

Lipnick R N; Karsh J; Stahl N I; Blackwelder W C; Schiffman G; Klippel J H

Journal of rheumatology (CANADA) Dec 1985, 12 (6) p1118-21,
ISSN 0315-162X--Print 0315-162X--Linking Journal Code: 7501984

Contract/Grant No.: N01 026427; PHS HHS United States

Publishing Model Print

Document type: Clinical Trial; Journal Article; Randomized Controlled Trial; Research Support, U.S. Gov't, P.H.S.

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Immunogenicity of 14 valent pneumococcal vaccine was evaluated in a placebo controlled, double blind, randomized study involving 77 patients with systemic lupus erythematosus (SLE). Antibodies to 12 type specific capsular antigens were measured prior to and one and 6 months post injection. In 17 patients treated with prednisone plus cyclophosphamide and/or azathioprine, mean body concentrations (ng antibody nitrogen/ml serum) increased from 528 to 1328 and 852, respectively, in vaccinated patients compared to 307, 308 and 344 following placebo. In 60 patients not receiving immunosuppressives, mean antibody concentrations were 355, 1361 and 920 post vaccine and 401, 473 and 377 post placebo. Our study demonstrates that antibody responses to pneumococcal vaccine in SLE patients is unaffected by these immunosuppressive agents.

Record Date Created: 19860403

Record Date Completed: 19860403

13/7/43 (Item 8 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

07117160 PMID: 6765404
[Juvenile diabetes]
Le diabete juvenile.
Lakhoua R; Dougui N; Zemmi F; Dhaqui F; Younes L; Jedidi H
La Tunisie medicale (TUNISIA) Jul-Aug 1982, 60 (4) p113-27,
ISSN 0041-4131--Print 0041-4131--Linking Journal Code: 0413766
Publishing Model Print
Document type: Journal Article
Languages: FRENCH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19851016
Record Date Completed: 19851016

13/7/44 (Item 9 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

06866588 PMID: 6952060
[BCG immunotherapy in children with acute lymphocytic leukemia in continuous remission after 3 years of intensive chemotherapy (protocol C-70) (author's transl)]
Immunoterapia con BCG despues de tres anos de poliquimioterapia en ninos con leucemia aguda linfoide en remision contiuada (protocolo C-70).
Ortega J J; Javier G
Medicina clinica (SPAIN) Mar 1-15 1982, 78 (5) p183-8, ISSN 0025-7753--Print 0025-7753--Linking Journal Code: 0376377
Publishing Model Print
Document type: Comparative Study; English Abstract; Journal Article
Languages: SPANISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19820722
Record Date Completed: 19820722

13/7/45 (Item 10 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

05691881 PMID: 606790
Reactogenicity and immunogenicity of bivalent influenza A and monovalent influenza B virus vaccines in high-risk children.
Allison J E; Glezen W P; Taber L H; Paredes A; Webster R G
Journal of infectious diseases (UNITED STATES) Dec 1977, 136 Suppl pS672-6, ISSN 0022-1899--Print 0022-1899--Linking Journal Code: 0413675
Publishing Model Print
Document type: Journal Article; Research Support, U.S. Gov't, P.H.S.
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Seventy-nine high-risk children were immunized with either commercial, bivalent, split-product influenza A vaccine or purified hemagglutinin-neuraminidase bivalent influenza A vaccine, and 78 of these subjects were immunized with commercial, monovalent, influenza B split-product vaccine. The reactogenicity of all three vaccines was low, and there were no severe reactions. Twenty-nine subjects who received hemagglutinin-neuraminidase vaccine as their initial dose and commercial split-product vaccine as a booster dose had significantly lower antibody

responses to influenza A/New Jersey/76 virus than subjects who received two doses of commercial split-product vaccine. The responses of the two groups to influenza A/Victoria/75 virus were comparable. Twenty-four subjects with malignancy who were receiving chemotherapy were compared with a group of subjects matched for age and vaccine preparation. Patients with cancer had significantly lower antibody responses to A/New Jersey/76 virus than patients without cancer. The ultimate responses of patients with cancer to A/Victoria/75 and B/Hong Kong/72 viruses were comparable to those of other patients, but early responses were lower.

Record Date Created: 19780426

Record Date Completed: 19780426

13/7/46 (Item 11 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

05691872 PMID: 606784

Clinical trials of bivalent A/New Jersey/76-A/Victoria/75 influenza vaccines in high-risk children.

Modlin J F; Smith D H; Harding L

Journal of infectious diseases (UNITED STATES) Dec 1977, 136
Suppl pS626-31, ISSN 0022-1899--Print 0022-1899--Linking Journal Code:
0413675

Publishing Model Print

Document type: Clinical Trial; Controlled Clinical Trial; Journal Article
; Research Support, U.S. Gov't, P.H.S.

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Various doses of two whole-virus and one split-product bivalent influenza A/New Jersey/76-A/Victoria/75 vaccines were administered to 253 children aged six to 18 years. There were no statistically significant differences in either reactivity or humoral antibody response among the 167 children in seven chronic disease categories and 86 healthy children. The whole-virus vaccines were associated with unacceptably high rates of reaction when given in sufficiently antigenic initial doses but were relatively nonreactive when used for booster immunization. Split-product vaccines were no more reactive than placebo. All vaccine preparations induced adequate seroconversion rates and protective titers of antibody to A/Victoria virus after one dose and to A/New Jersey virus after two doses.

Record Date Created: 19780426

Record Date Completed: 19780426

13/7/47 (Item 12 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

05569794 PMID: 881429 Record Identifier: 046918; 00173901

Acceptability of BCG vaccination.

Mande R

Journal of biological standardization (ENGLAND) 1977, 5 (2)
p155-8, ISSN 0092-1157--Print 0092-1157--Linking Journal Code: 0400335

Publishing Model Print TJ: JOURNAL OF BIOLOGICAL STANDARDIZATION.

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Other Citation Owner: PIP; POP

Abstract Source: PIP

Record type: MEDLINE; Completed

The acceptability of BCG vaccination varies a great deal according to the country and to the period when the vaccine is given. The incidence of complications has not always a direct influence on this acceptability, which depends, for a very large part, on the risk of tuberculosis in a given country at a given time.

Acceptability of Bacille Calmette-Guerin (BCG) vaccine has tended to reflect many factors unrelated to the real effects of the vaccine itself. In particular, the risk of tuberculosis in a given country at a given time has always been a more significant factor than the incidence of complications associated with the vaccine. A possible protective effect of BCG on the occurrence of acute leukemia has also led to the intensification of BCG vaccination among young children entirely on the initiative of physicians. The public is more concerned with anomalous local lesions at the site of intradermal vaccination than by real complications such as fatal dissemination, osteitis, and ***lupus***. As a result, many physicians feel pressured by their patients to replace the intradermal route of administration with scarification and to replace strong strains with weaker strains of ***vaccine***. It is of major importance, then, that public health authorities are correctly informed, with a clear understanding of the balance between the use of an active strain with some side effects but providing good immunity and the use of a weaker strain with fewer side-effects but with a lower level of protection. When tuberculosis is still an important public health problem in a country, relatively innocuous side-effects should be accepted. On the other hand, if tuberculosis is no longer a significant threat, efforts should be made to avoid any annoying consequences of BCG vaccination, no matter how minimal they may be.

Record Date Created: 19770917

Record Date Completed: 19770917

13/7/48 (Item 13 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv..

04902993 PMID: 4548191 Record Identifier: PMC1646020

Immunopathology of measles.

Lachmann P J

Proceedings of the Royal Society of Medicine (ENGLAND) Nov 1974,

67 (11) p1120-2, ISSN 0035-9157--Print 0035-9157--Linking

Journal Code: 7505890

Publishing Model Print; Cites Lancet. 1974 Jun 22;1(7869):1269-75 PMID 4134154; Cites Lancet. 1973 Sep 8;2(7828):535-8 PMID 4125297; Cites JAMA. 1967 Dec 18;202(12):1075-80 PMID 6072745; Cites Clin Exp Immunol. 1971 Aug;9(2):193-9 PMID 5570677; Cites J Exp Med. 1971 Aug 1;134(2):417-38 PMID 4104424

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Other Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19750318

Record Date Completed: 19750318

13/7/49 (Item 14 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv..

04232272 PMID: 5134453

[Statistical data concerning psoriatics treated at the Dermatology.

Clinic in Wroclaw between 1953 and 1968 in the light of literature]
Niektore dane statystyczne o osobach z luszczyca leczonych w Klinice
Dermatologicznej we wroclawiu od R. 1953 do 1968 w swietle pismiennictwa.
Baran E
Przegla d dermatologiczny (POLAND) May-Jun 1971, 58 (3) p291-6
, ISSN 0033-2526--Print 0033-2526--Linking Journal Code: 19840710R
Publishing Model Print
Document type: Journal Article
Languages: POLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19720320
Record Date Completed: 19720320

13/7/50 (Item 15 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

03971101 PMID: 5273208
The definition of high risk groups.
Waler H T
Scandinavian journal of respiratory diseases. Supplementum (DENMARK)
1970, 72 p106-12, ISSN 0080-6730--Print 0080-6730--Linking
Journal Code: 0057161
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19701208
Record Date Completed: 19701208

13/7/51 (Item 16 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

03630182 PMID: 5740223
[Fatty acid composition of the plasma lipids in 23 children with
diabetes mellitus before and after antidiphtheria and antitetanus
vaccination]
Studio sulla composizione in acidi grassi dei lipidi plasmatici di 23
bambini con diabete mellito, prima e dopo vaccinazione antidifterica e
antitetanica.
Annibaldi L; Picece-Bucci S; Ballati G; Antonelli M; Giardini O
Rivista di clinica pediatrica (ITALY) Sep-Oct 1968, 81 (5)
p958-61, ISSN 0035-6077--Print 0035-6077--Linking Journal Code: 0404503
Publishing Model Print
Document type: Journal Article
Languages: ITALIAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19700319
Record Date Completed: 19700319

13/7/52 (Item 17 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

03570958 PMID: 5701831

[Review of tuberculosis control measures. 2. Certain problems of tuberculosis mass surveys, with special reference to tuberculin testing]

Aoki K

Kekkaku - Tuberculosis (JAPAN) Jun 1968, 43 (6) p234-7, ISSN 0022-9776--Print 0022-9776--Linking Journal Code: 0422132

Publishing Model Print

Document type: Journal Article

Languages: JAPANESE

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19690217

Record Date Completed: 19690217

13/7/53 (Item 18 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

03036133 PMID: 14287530

[PREVENTIVE VACCINATION IN DIABETIC CHILDREN.]

SZCZEPNIENIA OCHRONNE DZIECI CHORYCH NA CUKRZYC E.

MARGOLIS A

Pediatrica polska (POLAND) Jan 1965, 40 p65-8, ISSN 0031-3939--Print 0031-3939--Linking Journal Code: 2985039R

Publishing Model Print

Document type: Journal Article

Languages: POLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19650801

Record Date Completed: 19961201

13/7/54 (Item 19 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

03024099 PMID: 14269709

ANTI-BOVINE SERUM ALBUMIN AND ANTI-ALPHA LACTALBUMIN IN THE SERUM OF CHILDREN AND ADULTS.

ROTHBERG R M; FARR R S

Pediatrics (UNITED STATES) Apr 1965, 35 p571-88, ISSN 0031-4005--Print 0031-4005--Linking Journal Code: 0376422

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19650601

Record Date Completed: 19961201

13/7/55 (Item 20 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2010 Dialog. All rts. reserv.

02874506 PMID: 14249999

[AN UNCOMMON CASE OF DISSEMINATED TUBERCULOUS LUPUS WITH ORGANIC CHANGES.]

NIEZWYKLY PRZYPADEK ROZSIANEJ GRU'ZLICY TOCZNIOWEJ ZE ZMIANAMI NARZ

ADOWYMI.

LEWENFISZ WOJNAROWSKA T; JABLONSKA S; LESKIEWICZ W
Gruzlica (Warsaw, Poland - 1926) (POLAND) Sep 1964, 32 p809-13,
ISSN 0367-5149--Print 0367-5149--Linking Journal Code: 8502658
Publishing Model Print
Document type: Journal Article
Languages: POLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19650501
Record Date Completed: 19961201

13/7/56 (Item 21 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

02674408 PMID: 14062722
MITOGENIC STIMULATION OF PERIPHERAL LYMPHOCYTE CULTURES BY AUTOLOGOUS
LYMPHOCYTE EXTRACTS IN AUTOIMMUNE DISEASES.
HASHEM N; CARR D H
Lancet (ENGLAND) Nov 16 1963, 2 (7316) p1030-1, ISSN
0140-6736--Print 0140-6736--Linking Journal Code: 2985213R
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: OLDMEDLINE; Completed
Record Date Created: 19640201
Record Date Completed: 19961201

13/7/57 (Item 22 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

02479785 PMID: 13880499
[Clinico-etio-pathogenetic observations on a peculiar syndrome (diabetes
insipidus, idiopathic megacolon, anemia), probably related to diencephalic
dysfunction secondary to post-vaccinal encephalitis.]
COLETTA A; BUFFA V
La Pediatria (Not Available) Jul-Aug 1962, 70 p656-66, ISSN
0031-3890--Print 0031-3890--Linking Journal Code: 0401207
Publishing Model Print
Document type: Journal Article
Languages: ITALIAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19621201
Record Date Completed: 19981101

13/7/58 (Item 23 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

02200140 PMID: 13810003
Diabetes mellitus following smallpox vaccination.
CHOREMIS C; BAROUTSOU E; KIOSSOGLOU K
Acta paediatrica (Not Available) Jul 1959, 48 p388-90, ISSN
0001-656X--Print 0001-656X--Linking Journal Code: 0000213

Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19601201
Record Date Completed: 19981101

13/7/59 (Item 24 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

01948874 PMID: 13425562 Record Identifier: 5732-23739
[Postvaccinal diabetes insipidus; generally significant findings in such cases in expert testimony.]
Postvakzinaler Diabetes insipidus; allgemein wichtige Erörterungen solcher Falle bei einer gutachtlichen Stellungnahme.
RODECK H
Archiv für Kinderheilkunde (Not Available) 1957, 154 (3)
p265-76, ISSN 0003-9179--Print 0003-9179--Linking Journal Code: 0326076
Publishing Model Print
Document type: Journal Article
Languages: GERMAN
Main Citation Owner: NLM
Other Citation Owner: CLML
Record type: MEDLINE; Completed
Record Date Created: 19571201
Record Date Completed: 20020501

13/7/60 (Item 25 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2010 Dialog. All rts. reserv.

01726901 PMID: 14358714 Record Identifier: 5528-9410-72-340
[Lupus tuberculosis and BCG: development of lupus on the site of BCG cicatrization in a child vaccinated in the pre-allergic period.]
Lupus tuberculeux et B.C.G.: lupus developpe sur l'emplacement des scarifications de B.C.G. chez un enfant vaccine en periode anteallergique.
MARIE J; MANDE R; ELIACHAR E; HERBERT S; ROY-DAUBAN M; DE GENNES J L
La semaine des hopitaux - organe fonde par l'Association d'enseignement medical des hopitaux de Paris (Not Available) Jan 20 1955, 31
(5/1) p267-81, Journal Code: 9410059
Publishing Model Print
Document type: Journal Article
Languages: FRENCH
Main Citation Owner: NLM
Other Citation Owner: CLML
Record type: MEDLINE; Completed
Record Date Created: 19551201
Record Date Completed: 20030501

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Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)
S3	171	E5,E12,E21,E2

S4 338 E5,E9,E12,E2,E22
 S5 42 S4 AND (VACCIN?)
 S6 27 RD S5 (unique items)
 S7 353 (VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
 S8 109 (VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM) (30N) (FAMILY OR HISTORY OR PREDISPOS? OR DIAGNOS?)
 S9 66 RD S8 (unique items)
 S10 11 S9 AND PY<1994
 S11 385 (VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD-) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
 S12 79 S11 AND PY<1994
 S13 60 RD S12 (unique items)
 ? ds

Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)
S3	171	E5,E12,E21,E2
S4	338	E5,E9,E12,E2,E22
S5	42	S4 AND (VACCIN?)
S6	27	RD S5 (unique items)
S7	353	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S8	109	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM) (30N) (FAMILY OR HISTORY OR PREDISPOS? OR DIAGNOS?)
S9	66	RD S8 (unique items)
S10	11	S9 AND PY<1994
S11	385	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD-) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S12	79	S11 AND PY<1994
S13	60	RD S12 (unique items)
? s recommendation?(20n)(vaccin?)(children or neonat?)		
	284566	RECOMMENDATION?
	0	VACCIN? (CHILDREN
	0	RECOMMENDATION?(20N)VACCIN? (CHILDREN
	0	NEONAT?)
S14	0	RECOMMENDATION?(20N) (VACCIN?) (CHILDREN OR NEONAT?)
? s recommendation?(20n)(vaccin?) (20n)(children or neonat?)		
	284566	RECOMMENDATION?
	728542	VACCIN?
	1672860	CHILDREN
	526084	NEONAT?
S15	1798	RECOMMENDATION?(20N) (VACCIN?) (20N) (CHILDREN OR NEONAT?)
? s s15 and py<1993		
Processing		
	1798	S15
	39015865	PY<1993
S16	204	S15 AND PY<1993
? rd,s16		
S17	123	RD S16 (unique items)
? s s17 and neonat?		
	123	S17
	526084	NEONAT?
S18	7	S17 AND NEONAT?
? t s18/7/all		

18/7/1 (Item 1 from file: 5)
 DIALOG(R) File 5:Biosis Previews(R)

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11410420 BIOSIS NO.: 199294112261

BCG IMMUNISATION IN ENGLAND AND WALES A SURVEY OF POLICY AND PRACTICE IN SCHOOLCHILDREN AND NEONATES

AUTHOR: JOSEPH C A (Reprint); WATSON J W; FERN K J

AUTHOR ADDRESS: RESPIRATORY DISEASES, SECTION, PHLS COMMUNICABLE DISEASE SURVEILLANCE CENTRE, LONDON NW9 5EQ, UK**UK

JOURNAL: British Medical Journal 305 (6852): p495-498 1992

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: Objective: To determine the policy and practice of district health authorities in England and Wales for BCG immunisation in schoolchildren and ***neonates***. Design: Self completion postal questionnaire survey. Participants: District immunisation coordinators. Setting: 199 district health authorities in England and Wales. Results: Questionnaires were received from 186 districts, a response rate of 94%. Considerable uniformity was observed in many aspects of BCG immunisation policy and practice but some important variations were found. 15 districts no longer carry out a routine schools programme. 148 districts offer BCG to selected groups of neonates and five to all ***neonates***, but 31 districts do not offer BCG to this age group. The recommended action in response to different levels of tuberculin sensitivity in schoolchildren and ***neonates*** varied among districts. Conclusions: Despite the recommendations of the Joint Committee on Vaccination and Immunisation some districts do not offer BCG immunisation to neonates at high risk of tuberculosis and there are important variations in other aspects of BCG policy.

18/7/2 (Item 2 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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10759073 BIOSIS NO.: 199192004844

LOSS OF MATERNAL MEASLES ANTIBODY IN BLACK SOUTH AFRICAN INFANTS IN THE FIRST YEAR OF LIFE IMPLICATIONS FOR AGE OF VACCINATION

AUTHOR: KIEPIELA P (Reprint); COOVADIA H M; LOENING W E K; COWARD P; KARIM S S A

AUTHOR ADDRESS: DEP PAEDIATRICS AND CHILD HEALTH, UNIV NATAL, DURBAN**SOUTH AFRICA

JOURNAL: South African Medical Journal 79 (3): p145-148 1991

ISSN: 0038-2469

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: In order to investigate the feasibility of measles vaccination before the age of 9 months the duration of passive immunity against measles was estimated by conducting a longitudinal study of measles antibody levels in 20 black ***neonates*** delivered at term. Measles serum antibody (IgG) was measured by enzyme-linked immunosorbent assay in the mother at childbirth and on consecutive samples taken from the infants from birth until 9 months of age. Protective measles antibody level was defined as > 200 mIU. Unprotective levels were found in 88% (95% confidence interval (CI) 81-99%) of 6-month-old infants, while at 9 months all were susceptible. The mean antibody level was 192 mIU (CI 104-348%) at 4 months; 34 mIU (CI 15-73%) at 6 months and 13 mIU (CI 6-24%) at 9 months of age. Our data support the recent World Health

Organization recommendation to immunize children in developing countries at 6 months with the 'high titre' Edmonston-Zagreb measles vaccine, since most infants in our study had lost passive immunity against measles by this age.

18/7/3 (Item 3 from file: 5)
DIALOG(R) File 5: Biosis Previews(R)
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0001498253 BIOSIS NO.: 19654600012345
Studies on poliomyelitis by the National Institute of Virology of the Ministry of Health and Welfare (Mexico)
ORIGINAL LANGUAGE TITLE: Estudios sobre poliomiéлитis efectuados en el Instituto Nacional de Virologia de la S.S.A
AUTHOR: CAMPILLO SAINZ CARLOS; MACIAS JULIO DE MUCHA; CORTES ENRIQUE CIFUENTES; PINTADO FLOR LOPEZ
JOURNAL: SALUD PUBLICA MEX 5 ((6)): p937-943 1963 1963
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Unspecified

ABSTRACT: A review of studies conducted during 1959-1962. In 481 cases of paralytic poliomyelitis the clinical diagnosis was confirmed by isolation of the polio virus; type 1 was found in 76% of the cases. Among the viruses isolated in the paralytic cases 80% were polio viruses. Serological examination indicates a high degree of dissemination of the polio virus and the ECHO virus in Mexico. Studies of the potency of 8 different lots of Salk ***vaccine*** are described. The absence of viral enteric flora in neonatals, the reactive immunological capacity of these children under stimulation with oral antipoliomyelitic vaccines, and recommendations of the Ministry, based primarily on the findings of the National Institute of Virology, concerning dosages and other modes of administration of oral antipolio ***vaccines*** are discussed. The innocuousness of the Sabin ***vaccine*** produced in Mexico is stressed. ABSTRACT AUTHORS: Auth. summ. transl

18/7/4 (Item 1 from file: 73)
DIALOG(R) File 73: EMBASE
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0073680024 EMBASE/Medline No: 1988140917
Maternal- ***neonatal*** transmission of hepatitis B virus. Epidemiology and prevention
Zanetti A.R.
Istituto di Virologia, Universita degli Studi di Milano, Milano, Italy:
CORRESP. AUTHOR/AFFIL: Istituto di Virologia, Universita degli Studi di Milano, Milano, Italy

Annali dell'Istituto Superiore di Sanita (ANN. IST. SUPER. SANITA) (Italy) July 4, 1988, 24/2 (277-284)
CODEN: AISSA ISSN: 0021-2571
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

Maternal-neonatal transmission of hepatitis B is a major problem in populations with a high rate of HBV infections and a high prevalence of HBeAg among HBsAg carrier mothers. Babies born to HBeAg-positive carrier mothers are at very high risk of acquiring perinatal HBV infection and of

becoming HBsAg chronic carrier. For babies born to anti-HBe-positive mothers, risk of infection is much lower; rarely they become HBsAg carriers. The long-term consequences of a HBsAg carrier state acquired during the perinatal period may be dramatic. Evidence indicates a link between an early in life occurrence of chronic HBs antigenemia and an increasing risk of developing cirrhosis and hepatocellular carcinoma when adult. Moreover in areas where delta infection is endemic, the HBsAg carrier baby is at risk of being superinfected with the delta virus which can induce severe forms of hepatitis. All this, and in addition the fact that the carrier baby become a long-lasting source of infection, place great urgency on the need of preventing perinatal hepatitis B. This includes: 1) screening of pregnant women for HBsAg and 2) treatment of babies born to HBsAg carrier mothers with hepatitis B immunoglobulin and ***vaccine***. The current ***recommendations*** is to initiate the vaccination of neonates in conjunction with the HBIG administration within 12 hours of birth. Further injections of hepatitis B ***vaccine*** will be given thereafter according to the standard schedules.

18/7/5 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0073015168 EMBASE/Medline No: 1985020591
Varicella: Clinical manifestations, epidemiology and health impact in children
Preblud S.R.; Orenstein W.A.; Bart K.J.
Surveillance, Investigations, and Research Branch, Division of Immunization, Center for Prevention Services, Centers for Disease Control, United States Public Health Service, Atlanta, GA 30333, United States:
CORRESP. AUTHOR/AFFIL: Surveillance, Investigations, and Research Branch, Division of Immunization, Center for Prevention Services, Centers for Disease Control, United States Public Health Service, Atlanta, GA 30333, United States

Pediatric Infectious Disease (PEDIATR. INFECT. DIS.) (United States)
December 1, 1984, 3/6 (505-509)
CODEN: PEIDE ISSN: 0277-9730
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English

The development of live attenuated vaccines against varicella represents a major medical achievement. The promising results of the ongoing clinical trials suggest that decisions on licensure may soon be made. One of the major issues in the use of varicella vaccine concerns persons who should be ***vaccinated***. While most authorities agree that ***vaccine*** is indicated in susceptible immunocompromised populations, especially children, interest has increased for use of vaccine in normal populations. Evaluating the risks and benefits of ***vaccine*** in normal populations is essential for making ***recommendations***. The health impact of varicella plays an important role in that risk-benefit decision. This paper examines the epidemiology and clinical manifestations of varicella in order to measure health impact. It addresses four main groups: normal children; immunocompromised children; neonates; and pregnant women.

18/7/6 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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0070049045 EMBASE/Medline No: 1974049099
BCG ***vaccination*** of ***neonates*** . The ***recommendation*** for
general vaccination is still valid

DIE BCG IMPFUNG DES NEUGEBORENEN. DIE EMPFEHLUNG ZUR ALLGEMEINEN IMPFUNG
IST WEITERHIN GULTIG

Goetz O.

Pad. Klin., Dr. von Haunersch Kinderspit., University Munchen, Germany:
CORRESP. AUTHOR/AFFIL: Pad. Klin., Dr. von Haunersch Kinderspit., University
Munchen, Germany

Munchener Medizinische Wochenschrift (MUNCH. MED. WOCHENSCHR.)

December 1, 1973, 115/35 (1490-1492)

CODEN: MMWOA ISSN: 0341-3098

DOCUMENT TYPE: Journal; Article RECORD TYPE: Citation

LANGUAGE: German

18/7/7 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2010 Elsevier B.V. All rts. reserv.

0066188658 EMBASE/Medline No: 3631789.
Prevention and control of influenza. Recommendations of the Immunization
Practices Advisory Committee. Centers for Disease Control.

Annals of internal medicine (Ann. Intern. Med.) (United States)

October 1, 1987, 107/4 (521-525)

ISSN: 0003-4819

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

FILE SEGMENT: Medline

LANGUAGE: English

Unless vigorous measures are used to control influenza in the 1987 to
1988 season, mortality due to this disease may increase because the
proportion of elderly persons in the United States is rising, and age and
its associated chronic diseases are risk factors for severe influenza
illness. Also, the younger populations at high risk for influenza-related
complications are increasing for various reasons, including the success of
neonatal intensive-care units, better management of diseases such as
cystic fibrosis, and better survival rates for organ-transplant recipients.
To help control influenza in the upcoming season, information on the
influenza strains in the trivalent vaccine is provided,
recommendations for vaccination of persons in households with a
high-risk person are made, and precautions for the use of amantadine
hydrochloride are described.

? ds

Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)
S3	171	E5,E12,E21,E2
S4	338	E5,E9,E12,E2,E22
S5	42	S4 AND (VACCIN?)
S6	27	RD S5 (unique items)
S7	353	(VACCIN?)(20N)(CHILD OR CHILDREN OR PEDIATRI?)(20N)(SLE OR LUPUS OR DIABETES OR IDDM)
S8	109	(VACCIN?)(20N)(CHILD OR CHILDREN OR PEDIATRI?)(20N)(SLE OR LUPUS OR DIABETES OR IDDM)(30N)(FAMILY OR HISTORY OR PREDIS- OS? OR DIAGNOS?)
S9	66	RD S8 (unique items)

S10	11	S9 AND PY<1994
S11	385	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD-) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S12	79	S11 AND PY<1994
S13	60	RD S12 (unique items)
S14	0	RECOMMENDATION? (20N) (VACCIN?) (CHILDREN OR NEONAT?)
S15	1798	RECOMMENDATION? (20N) (VACCIN?) (20N) (CHILDREN OR NEONAT?)
S16	204	S15 AND PY<1993
S17	123	RD S16 (unique items)
S18	7	S17 AND NEONAT?

?

PLEASE ENTER A COMMAND OR BE LOGGED OFF IN 5 MINUTES

? ds

Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)
S3	171	E5,E12,E21,E2
S4	338	E5,E9,E12,E2,E22
S5	42	S4 AND (VACCIN?)
S6	27	RD S5 (unique items)
S7	353	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S8	109	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM) (30N) (FAMILY OR HISTORY OR PREDIS- OS? OR DIAGNOS?)
S9	66	RD S8 (unique items)
S10	11	S9 AND PY<1994
S11	385	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD-) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S12	79	S11 AND PY<1994
S13	60	RD S12 (unique items)
S14	0	RECOMMENDATION? (20N) (VACCIN?) (CHILDREN OR NEONAT?)
S15	1798	RECOMMENDATION? (20N) (VACCIN?) (20N) (CHILDREN OR NEONAT?)
S16	204	S15 AND PY<1993
S17	123	RD S16 (unique items)
S18	7	S17 AND NEONAT?

?

PLEASE ENTER A COMMAND OR BE LOGGED OFF IN 5 MINUTES

? ds

Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)
S3	171	E5,E12,E21,E2
S4	338	E5,E9,E12,E2,E22
S5	42	S4 AND (VACCIN?)
S6	27	RD S5 (unique items)
S7	353	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S8	109	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM) (30N) (FAMILY OR HISTORY OR PREDIS- OS? OR DIAGNOS?)
S9	66	RD S8 (unique items)
S10	11	S9 AND PY<1994
S11	385	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD-) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S12	79	S11 AND PY<1994
S13	60	RD S12 (unique items)
S14	0	RECOMMENDATION? (20N) (VACCIN?) (CHILDREN OR NEONAT?)
S15	1798	RECOMMENDATION? (20N) (VACCIN?) (20N) (CHILDREN OR NEONAT?)

S16	204	S15 AND PY<1993
S17	123	RD S16 (unique items)
S18	7	S17 AND NEONAT?

? ds

Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)
S3	171	E5,E12,E21,E2
S4	338	E5,E9,E12,E2,E22
S5	42	S4 AND (VACCIN?)
S6	27	RD S5 (unique items)
S7	353	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S8	109	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM) (30N) (FAMILY OR HISTORY OR PREDISPOS? OR DIAGNOS?)
S9	66	RD S8 (unique items)
S10	11	S9 AND PY<1994
S11	385	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD-) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S12	79	S11 AND PY<1994
S13	60	RD S12 (unique items)
S14	0	RECOMMENDATION? (20N) (VACCIN?) (CHILDREN OR NEONAT?)
S15	1798	RECOMMENDATION? (20N) (VACCIN?) (20N) (CHILDREN OR NEONAT?)
S16	204	S15 AND PY<1993
S17	123	RD S16 (unique items)
S18	7	S17 AND NEONAT?

? ds

Set	Items	Description
S1	7	E4,E5
S2	4	RD S1 (unique items)
S3	171	E5,E12,E21,E2
S4	338	E5,E9,E12,E2,E22
S5	42	S4 AND (VACCIN?)
S6	27	RD S5 (unique items)
S7	353	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S8	109	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI?) (20N) (SLE OR LUPUS OR DIABETES OR IDDM) (30N) (FAMILY OR HISTORY OR PREDISPOS? OR DIAGNOS?)
S9	66	RD S8 (unique items)
S10	11	S9 AND PY<1994
S11	385	(VACCIN?) (20N) (CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD-) (20N) (SLE OR LUPUS OR DIABETES OR IDDM)
S12	79	S11 AND PY<1994
S13	60	RD S12 (unique items)
S14	0	RECOMMENDATION? (20N) (VACCIN?) (CHILDREN OR NEONAT?)
S15	1798	RECOMMENDATION? (20N) (VACCIN?) (20N) (CHILDREN OR NEONAT?)
S16	204	S15 AND PY<1993
S17	123	RD S16 (unique items)
S18	7	S17 AND NEONAT?

?

PLEASE ENTER A COMMAND OR BE LOGGED OFF IN 5 MINUTES

? s ds

S19 45680 DS

? ds

Set	Items	Description
S1	7	E4,E5

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S2          4   RD S1   (unique items)
S3         171   E5,E12,E21,E2
S4         338   E5,E9,E12,E2,E22
S5          42   S4 AND (VACCIN?)
S6          27   RD S5   (unique items)
S7         353   (VACCIN?)(20N)(CHILD OR CHILDREN OR PEDIATRI?)(20N)(SLE OR
                LUPUS OR DIABETES OR IDDM)
S8         109   (VACCIN?)(20N)(CHILD OR CHILDREN OR PEDIATRI?)(20N)(SLE OR
                LUPUS OR DIABETES OR IDDM)(30N)(FAMILY OR HISTORY OR PREDISPO-
                OS? OR DIAGNOS?)
S9          66   RD S8   (unique items)
S10         11   S9 AND PY<1994
S11        385   (VACCIN?)(20N)(CHILD OR CHILDREN OR PEDIATRI? OR CHILDHOOD-
                )(20N)(SLE OR LUPUS OR DIABETES OR IDDM)
S12         79   S11 AND PY<1994
S13         60   RD S12   (unique items)
S14          0   RECOMMENDATION?(20N)(VACCIN?)(CHILDREN OR NEONAT?)
S15        1798   RECOMMENDATION?(20N)(VACCIN?)(20N)(CHILDREN OR NEONAT?)
S16         204   S15 AND PY<1993
S17         123   RD S16   (unique items)
S18          7   S17 AND NEONAT?
S19        45680   DS
? s (multiple or two)(20n)vaccin?)(20n)combin? or together)
>>>Unmatched parentheses
? s (multiple or two)(20n)vaccin?)(20n)(combin? or together)
>>>Unmatched parentheses
? s (multiple or two)(20n)(vaccin?)(20n)(combin? or
together)20n)(different)(20n)(dose? or amount?)
>>>Invalid syntax
? s (multiple or two)(20n)(vaccin?)(20n)(combin? or
together)(20n)(different)(20n)(dose? or amount?)
Processing
      2037261   MULTIPLE
      8216518   TWO
      728542    VACCIN?
      3620528    COMBIN?
      979526     TOGETHER
      5367107    DIFFERENT
      3390657    DOSE?
      1534260    AMOUNT?
S20        367   (MULTIPLE OR TWO)(20N)(VACCIN?)(20N)(COMBIN? OR
                TOGETHER)(20N)(DIFFERENT)(20N)(DOSE? OR AMOUNT?)
? s s20 and py<1994
Processing
Processing
      367   S20
      41032171  PY<1994
      S21        64   S20 AND PY<1994
? rd s21
      S22        28   RD S21   (unique items)
? t s22/7/all

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22/7/1 (Item 1 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
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11939362 BIOSIS NO.: 199396103778
 Evaluation of different immunization schedules for oral cholera B
 subunit-whole cell vaccine in Swedish volunteers
 AUTHOR: Jertborn Marianne (Reprint); Svennerholm Ann-Mari; Holmgren Jan
 AUTHOR ADDRESS: Dep. Med. Microbiol. Immunol., Univ. Goteborg,

Guldhedsgatan 10, S-413 46 Goteborg, Sweden**Sweden
JOURNAL: Vaccine 11 (10): p1007-1012 1993
ISSN: 0264-410X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Different immunization schedules for oral B subunit-whole cell (B-WC) cholera vaccine were evaluated in Swedish volunteers to obtain information for recommendations of vaccine use in non-endemic areas. ***Two*** peroral ***doses*** of B-WC ***vaccine*** were as effective as three doses in inducing IgA and IgG antitoxin as well as vibriocidal antibody responses in serum. Administration of ***two*** vaccine doses either at 7, 14 or 28-42 day intervals resulted in comparable antitoxin responses in serum, whereas a 3-day immunization interval resulted in significantly lower titre increases. Vibriocidal antibody responses were comparable after the different time intervals tested (3-42 days). The B-WC ***vaccine*** can be effectively administered together with a cheap, commercially available sodium bicarbonate powder dissolved in water to protect the vaccine from gastric acid.

22/7/2 (Item 2 from file: 5)
DIALOG(R) File 5: Biosis Previews(R)
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11939347 BIOSIS NO.: 199396103763
Immunogenicity of Haemophilus influenzae type b polysaccharide-tetanus toxoid conjugate vaccine in infants
AUTHOR: Holmes Sandra J; Fritzell Bernard; Guito Kenneth P; Esbenshade John F; Blatter Mark M; Reisinger Keith S; Keyserling Harry L; Rothstein Edward P; Bernstein Henry H
AUTHOR ADDRESS: Inq: Dan M. Granoff, Dep. Pediatrics, Washington Univ. Sch. Med., 400 S. Kingshighway Blvd., St. Louis, MO 63110, USA**USA
JOURNAL: American Journal of Diseases of Children 147 (8): p832-836 1993
ISSN: 0002-922X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Objective: To compare the safety and immunogenicity of three investigational lots of Haemophilus influenzae type b polysaccharide-tetanus toxoid (PRP-T) conjugate vaccine in infants. Design: multicenter, randomized immunogenicity trial. Infants were vaccinated at 2, 4, and 6 months of age with one of three lots of PRP-T. A control group received H. influenzae type b oligomers conjugated to CRM-197 (HbOC). Serum was obtained before each injection and 1 month after the third dose, and assayed blindly for antibody in one laboratory. Subjects: Four hundred eighty-four infants from private pediatric practices located in five geographic areas. Measurements and Results: There were no significant differences in the number of adverse events reported for infants receiving PRP-T or HbOC, and the rates did not exceed those observed previously in infants given diphtheria-tetanus-pertussis ***vaccine*** alone. Total serum anti-PRP antibody responses were analyzed in 336 infants who met strict inclusion criteria. After one, ***two***, or three ***doses***, the respective antibody responses to each of the three lots of PRP-T and to HbOC ***vaccine*** were similar. The only exception was one lot of PRP-T, which after one or two injections elicited significantly higher

geometric mean antibody responses than the other two lots or the HbOC ***vaccine***. After a third injection, there were no significant lot differences. ***Combining*** the data from the ***different*** lots, there were no significant differences in the geometric mean antibody concentration after three ***doses*** of PRP-T or HbOC (8.3 vs 7.7 mu-g/mL), and 95% and 91%, respectively, of infants had greater than 1.0 mu-g/mL of antibody. There were no significant differences in the magnitudes of the respective IgG1-, IgG2-, and IgM-specific antibody concentrations between infants given PRP-T or HbOC. Conclusions: The three investigational lots of PRP-T tested were safe and were as immunogenic as or more so than the licensed HbOC conjugate vaccine.

22/7/3 (Item 3 from file: 5)
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11935254 BIOSIS NO.: 199396099670

Safety and immunogenicity of Haemophilus influenzae type B-Neisseria meningitidis group B outer membrane protein complex conjugate vaccine mixed in the syringe with diphtheria-tetanus-pertussis vaccine in young Gambian infants

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JOURNAL: Pediatric Infectious Disease Journal 12 (8): p632-637 1993

ISSN: 0891-3668

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: To ensure compliance and to reduce costs it is important, especially in less developed countries, that programs of child immunization should require as few clinic attendances and as few injections as possible. Therefore we have investigated whether a Haemophilus influenzae type b conjugate vaccine could be given safely and effectively with diphtheria-tetanus-pertussis vaccine (DTP). One hundred twenty-six Gambian infants were given both polyribosylribitol phosphate (PRP)-outer membrane protein complex (PdvaxHIB) and DTP on the same day at 8, 12 and 16 weeks of age; 60 were given the vaccines mixed in the syringe and 66 were given the vaccines separately. To minimize the injection volume the dose of PRP-OMPC used in both groups was 7.5 mu-g, which is half the usual ***dose***. There were no significant differences in anti-PRP antibody titers between the groups after 1, 2 or 3 ***doses***. The geometric mean titers of antibody for the ***two*** groups combined were 0.29 mu-g/ml 1 month after the first ***dose***, 1.03 mu-g/ml after the second ***dose*** and 1.11 mu-g/ml after the third ***dose***. Concentrations of antibodies to diphtheria, tetanus and pertussis 1 month after the third dose were not significantly ***different*** between the ***two*** groups. Systemic side effects were reported with equal frequency in the two groups and were similar to those reported elsewhere for DTP. Tenderness at the injection site was more common where the ***combined*** injection (0.75 ml) had been given than where DTP alone (0.5 ml) had been given. The main drawback to the use of these 2 vaccines together is the complexity of the mixing procedure used in this clinical trial.

22/7/4 (Item 4 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)
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11899339 BIOSIS NO.: 199396063755

Immunopotential of bovine respiratory disease virus vaccines by
interleukin-1-beta and interleukin-2

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JOURNAL: Veterinary Immunology and Immunopathology 37 (1): p25-38
1993

ISSN: 0165-2427

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Three experiments, using 85 crossbred beef calves, were conducted to evaluate the adjuvant activity of single, multiple, and combined doses of recombinant bovine IL-1-beta (rBoIL-1-beta) and recombinant bovine IL-2 (rBoIL-2), with a modified-live bovine herpesvirus-1/parainfluenza-3 (BHV-1/PI-3) virus vaccine and a killed bovine viral diarrhea (BVD) virus ***vaccine***. Cytokines were administered intramuscularly at vaccination but at different injection sites. All cytokine treatments increased non-major histocompatibility complex (MHC)-restricted cytolytic capability of peripheral blood mononuclear cells (PBMC) against virus-infected target cells and serum neutralizing (SN) antibody titers to BHV-1 and BVD virus. Multiple, consecutive injections of rBoIL-2 generally showed the greatest adjuvant effect, and no additive effect was observed when rBoIL-1-beta and rBoIL-2 were administered ***together***. In a challenge experiment, calves were vaccinated with a modified-live BHV-1/PI-3 ***vaccine*** and infected with BHV-1 on Day 21. Cytokine-treated calves had higher SN antibody titers to BHV-1 than did the control calves at the time of challenge. Calves that were administered rBoIL-2 on 5 consecutive days shed less BHV-1 and had the highest SN antibody titer to BHV-1 (Day 28). These data suggest that rBoIL-1-beta and rBoIL-2 may be useful immunoadjuvants for bovine respiratory disease virus vaccines.

22/7/5 (Item 5 from file: 5)

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11760022 BIOSIS NO.: 199395062288

Sensitization potential and reactogenicity of BCG with and without various doses of killed Mycobacterium leprae

AUTHOR: Gupte Mohan D (Reprint); Anantharaman Devarayasamudram S (Reprint); De Britto R Lourduraj John (Reprint); Vallishayee Ramakrishna S (Reprint); Nagaraju Bathyala (Reprint); Kannan Srinivasan (Reprint); Sengupta Utpal

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JOURNAL: International Journal of Leprosy 60 (3): p340-352 1992

ISSN: 0148-916X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: A study was conducted in 997 individuals in two villages in south India to find the acceptability and sensitizing effect of the antileprosy

combination vaccine of BCG plus killed Mycobacterium leprae (KML). Three preparations of the combination, BCG 0.1 mg + 6 times 10⁻⁸ KML (I), BCG 0.1 mg + 5 times 10⁻⁷ KML (II), and BCG 0.1 mg + 5 times 10⁻⁶ KML (III), along with BCG 0.1 mg (IV), and normal saline (V), were used in the study. Each individual received one of the above five preparations by random allocation. They were also tested with Rees' M. leprae soluble skin-test antigen (MLSA) and lepromin-A, both at intake and 12 weeks after vaccination. Reactions to Rees' MLSA were measured after 48 hr; those to lepromin-A after 48 hr and 3 weeks. The character and size of the local response at the vaccination site were recorded at 3, 8, 12, 15, and 27 weeks after vaccination. The mean sizes of postvaccination sensitization to both Rees' MLSA and lepromin-A in the vaccine groups were significantly larger than those in the normal saline group, clearly demonstrating the ability of the vaccines to induce sensitization as measured by responses to the ***two*** skin tests. The sensitizing effect was the highest following vaccination with vaccine I. It was not significantly different for vaccines II, III, and IV, although, generally, a ***dose*** -response effect was observed. The sensitizing effect attributable to the vaccine was more clearly seen in children than in adults. The above conclusions were the same irrespective of which results were considered, reactions to Rees' MLSA or Fernandez or Mitsuda reactions to lepromin-A. A significant finding of the study was that at intake the Mitsuda reactions provided a measure of sensitizing effect due to ***vaccine***. The healing of ***vaccination*** lesions was uneventful. In more than 90% of ***vaccinated*** individuals, the lesions had healed by the 12th week in vaccine groups II, III, and IV, and by the 15th week in ***vaccine*** group I. The results showed that vaccination with BCG or combination vaccines was equally safe in individuals with or without previous BCG scars. Thirteen persons, aged 10 years or older, developed suppurative lymphadenitis around the 8th week (7 in vaccine group I, 3 each in vaccine groups II and III). However, healing was prompt after drainage in these individuals.

22/7/6 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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11702505 BIOSIS NO.: 199395004771
Monophosphoryl lipid A-induced immune enhancement of Brucella abortus salt-extractable protein and lipopolysaccharide vaccines in BALB/c mice
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JOURNAL: American Journal of Veterinary Research 53 (10): p1900-1907 1992
ISSN: 0002-9645
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: A study was conducted to determine the effect of monophosphoryl lipid A (MPL) and trehalose dimycolate (TDM) as adjuvants on the protective responses in BALB/c mice vaccinated with Brucella abortus salt-extractable protein (BCSP) or proteinase-K-treated B. abortus lipopolysaccharide (PKLPS). Mice were ***vaccinated*** with different doses of BCSP or PKLPS given alone or in ***combination*** with MPL or TDM. Mice were challenge-exposed 4 weeks later with virulent B. abortus strain 2308. Two weeks after challenge

exposure, the number of *B. abortus* colony-forming units (CFU) per spleen, spleen weights, and spleen cell interleukin 1 production were measured. Serum IgG and IgM concentrations specific for vaccinal immunogens were measured before and after challenge exposure with *B. abortus*. Spleen weights and mean *B. abortus* CFU per ***vaccine*** group were significantly lower in BCSP- and PKLPS-vaccinated mice, compared with those of nonvaccinated control mice. Monophosphoryl lipid A enhanced the suppression of splenic infection when given with the BCSP

vaccine, but not when given with the PKLPS ***vaccine***. Trehalose dimycolate had no effect on mean CFU when given with BCSP, but incorporation of TDM resulted in a significant increase in mean CFU when given with PKLPS. Spleen weights in BCSP- or PKLPS- ***vaccinated*** mice were not different when these vaccines were combined with MPL or TDM. Because of the wide variation in the results, we could not conclude that vaccination with BCSP or PKLPS alone, or in combination with MPL altered spleen cell interleukin-1 production in *B. abortus*-infected mice. Increased host protection as defined by decreased CFU could not be related consistently to increased BCSP- or PKLPS specific serum IgG or IgM antibodies introduced by any of the ***vaccines***. These results do not eliminate a role for antibodies in the protection observed.

22/7/7 (Item 7 from file: 5)
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11338186 BIOSIS NO.: 199294040027
DETECTION OF ANTIBODIES INHIBITING THE ADP-RIBOSYLTRANSFERASE ACTIVITY OF
PERTUSSIS TOXIN IN HUMAN SERUM
AUTHOR: KASLOW H R (Reprint); PLATLER B W; BLUMBERG D A; CHERRY J D
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JOURNAL: Journal of Clinical Microbiology 30 (6): p1380-1387 1992
ISSN: 0095-1137
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: *Bordetella pertussis* produces a protein virulence factor termed pertussis toxin. Many candidate pertussis vaccines are based on the rationale that an immune response that neutralizes the virulence activities of this toxin, which are thought to arise from its catalytic ADP-ribosyltransferase activity, would be beneficial. The report describes two methods that quantify the inhibition of this activity by human serum. One, termed a direct assay, involves an initial incubation of toxin with serum, a second incubation that activates the toxin, and a third incubation that measures the ADP-ribosyltransferase activity of the mixture. The other assay, termed a plate assay, involves immobilization of the toxin, exposure of the immobilized toxin to serum and washing of the plate, and then activation and assay of the toxin's ADP-ribosyltransferase activity. The plate assay may be more selective than the direct assay in terms of identifying antibodies that neutralize the toxin in vivo. Sera from controls, selected patients presenting with cough, and vaccinated infants were first analyzed by the direct assay. In contrast to sera from controls, sera from several of the patients and ***vaccinated*** infants strongly inhibited activity. ***Dose***-response curves of inhibition were determined for samples from three ***vaccinated*** infants by both the direct and plate assays. One of the samples had a dose-response curve of a different shape and

thus differed not only in titer but also in functional characteristics. A comparison of inhibition of ADP-ribosyltransferase activity and neutralization in a CHO cell assay indicated that there was incomplete agreement between the ***two*** assays. Taken ***together***, these results indicate that measurement of inhibition of ADP-ribosyltransferase activity by human serum is practical and may be useful in the evaluation of responses to pertussis ***vaccines***.

22/7/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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11330244 BIOSIS NO.: 199294032085
COMPARATIVE ANALYSIS OF THE IMMUNOSTIMULATORY PROPERTIES OF DIFFERENT
ADJUVANTS ON THE IMMUNOGENICITY OF A PROTOTYPE PARAINFLUENZA VIRUS TYPE 3
SUBUNIT VACCINE
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JOURNAL: Vaccine 10 (6): p412-420 1992
ISSN: 0264-410X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: The immunogenicity of a parainfluenza virus type 3 (PIV-3) subunit vaccine consisting of affinity-purified haemagglutinin-neuraminidase (HN) and fusion (F) surface glycoproteins was tested in guinea-pigs and hamsters. The ability of several different immunopotentiating agents to enhance the antibody response of animals to the PIV-3 surface glycoproteins was evaluated. The immunity induced by HN and F alone was compared with the response elicited by purified proteins combined with Freund's complete adjuvant, aluminium phosphate, Syntex's threonyl-muramyl dipeptide (MDP) SAF-MF formulation, or Ribí's adjuvant formulation containing BCG cell wall skeleton (CWS), trehalose dimycolate (TDM) and monophosphoryl lipid A (MPL) in a 2% squalene-in-water emulsion. Purified proteins were also incorporated into three different liposome formulations prepared by the detergent dialysis procedure. Immunization of guinea-pigs and hamsters with ***two*** 15 µg ***doses*** of the PIV-3 surface glycoproteins administered in the absence of adjuvant elicited high haemagglutination inhibition, neutralization and anti-fusion titres. The liposome preparations failed to enhance the antibody titres. Ribí's adjuvant formulation was effective at inducing a good secondary response to the purified proteins while the immunostimulatory effects of aluminium phosphate, Syntex and Freund's adjuvants were clearly demonstrated in both primary and secondary responses. When administered without adjuvant, a 15 µg dose of the HN and F mixture was capable of protecting hamsters against live virus challenge. The immunoprotective dose of the purified proteins could be reduced to at least 0.1 µg by the addition of aluminium phosphate, Syntex or Freund's adjuvants.

22/7/9 (Item 9 from file: 5)
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11303219 BIOSIS NO.: 199294005060
MULTIPLE ADMINISTRATION WITH INTERLEUKIN-2 POTENTIATES ANTIGEN-SPECIFIC

RESPONSES TO SUBUNIT VACCINATION WITH BOVINE HERPESVIRUS-1 GLYCOPROTEIN IV

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JOURNAL: Vaccine 10 (4): p226-230 1992

ISSN: 0264-410X

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: Interleukin-2 has been described as an effective adjuvant for a number of antigens in ***different*** host species. Previously, we demonstrated the adjuvant activity of recombinant bovine IL-2 with a glycoprotein IV (gIV) subunit vaccine from bovine herpesvirus type-1 (BHV-1). In the present study, primary antibody responses were assessed in cattle immunized with either 2 or 50 µg of gIV, and treated with multiple doses of IL-2 or combinations of IL-2 and IFN-α or IL-2 and IFN-γ. IL-2 was able to augment significantly antibody responses detected by either ELISA or virus neutralization. More significantly, IL-2 was able to enhance antibody titres in animals immunized with only 2 µg gIV to levels similar to those immunized with 50 µg gIV in the absence of IL-2. For optimal stimulation, multiple injections of IL-2 and Avridine had to be used in the formulation; other oil adjuvants or IL-2 alone could not induce a primary serum antibody response. Addition of IFN-α or IFN-γ to the IL-2/gIV/Avridine formulation did not affect any of the immune parameters tested. As IFN-α is an effective immunoprophylactic agent for infectious bone rhinotracheitis (IBR), combination vaccine-immunoprophylaxis may become feasible using IL-2 as a co-adjuvant. Thus, extremely low doses of antigen and only one immunization may be an effective vaccine given in combination with interferon prophylactic treatment.

22/7/10 (Item 10 from file: 5)

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10806338 BIOSIS NO.: 199192052109

ATTENUATING MUTATIONS IN THE E2 GLYCOPROTEIN GENE OF VENEZUELAN EQUINE ENCEPHALITIS VIRUS CONSTRUCTION OF SINGLE AND MULTIPLE MUTANTS IN A FULL-LENGTH COMPLEMENTARY DNA CLONE

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JOURNAL: Virology 183 (1): p20-31 1991

ISSN: 0042-6822

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: Attenuated mutants of Venezuelan equine encephalitis (VEE) were isolated by selection for rapid penetration of cultured cells (R. E. Johnston and J. F. Smith, 1988, Virology 162, 437-443). Sequence analysis of these mutants identified candidate attenuating mutations at four loci in the VEE E2 glycoprotein gene: a double mutation at E2 codons 3 and 4, and single substitutions at E2 76, 120, and 209. Each candidate mutation was reproduced in an isogenic recombinant VEE strain site-directed

mutagenesis of a full-length cDNA clone of VEE. Characterization of these molecularly cloned mutant viruses showed that mutation at each of the four loci in the E2 gene was sufficient to confer both the accelerated penetration and attenuation phenotypes. Inoculation of the molecularly cloned viruses into rodent models that differ in their response to VEE suggested that individual mutations affected different aspects of VEE pathogenesis. Full-length clones containing ***multiple*** mutations were produced by ***combining*** independently attenuating mutations. Molecularly cloned viruses carrying two or three mutations were more attenuated in sensitive animal models than viruses which contained any single mutation alone. However, these highly attenuated strains still retained the ability to induce an immune response sufficient to protect against a high ***dose*** challenge with virulent VEE. These results indicate that production of a molecularly cloned live virus vaccine for VEE is feasible.

22/7/11 (Item 11 from file: 5)
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09611578 BIOSIS NO.: 198987059469
FURTHER COMPARISON OF ADJUVANTS FOR AN INACTIVATED INFECTIOUS CORYZA
VACCINE
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JOURNAL: Avian Diseases 32 (4): p831-835 1988
ISSN: 0005-2086
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Inactivated infectious coryza vaccines containing different adjuvants were administered to 6-week-old chickens as a single dose containing 108 colony-forming units of Haemophilus paragallinarum HP31. After 3 weeks, all chickens were challenged by intrasinus inoculation of HP31. ***Two*** ***vaccines***, one containing an aluminum-hydroxide adjuvant and the other a combined aluminum-hydroxide + avridine (a lipoidal amine) adjuvant, were effective. The three remaining ***vaccines*** -containing mineral-oil double-emulsion, avridine, or a combination of mineral-oil double-emulsion + avridine-gave much lower levels of protection. No adverse reactions were seen with any ***vaccine***.

22/7/12 (Item 12 from file: 5)
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09572087 BIOSIS NO.: 198987019978
INTERFERENCE BETWEEN STRAINS IN LIVE VIRUS VACCINES II COMBINED VACCINATION
WITH VARICELLA AND MEASLES-MUMPS-RUBELLA VACCINE
AUTHOR: BERGER R (Reprint); JUST M
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JOURNAL: Journal of Biological Standardization 16 (4): p275-280 1988
ISSN: 0092-1157
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: A combined vaccine against varicella and measles-mumps-rubella made by mixing two commercially available products (Varilrix and Pluserix SK-RIT) has proved to be only partially successful in early trials. Although the seroconversion rates with the MMR components were comparable with those usually achieved, the varicella take was depressed to 77%. A new low ***dose*** measles-mumps-rubella vaccine was prepared in which the measles virus content was reduced to 1/5 and the mumps virus content to 1/8. Commercial varicella ***vaccine*** was added to the low ***dose*** MMR vaccine. The seroconversion rates for measles was 98.2%, for mumps 100%, for rubella 99.4% and for varicella 98%. This product seemed to be well balanced in respect of a possible interference between the four different virus vaccine strains.

22/7/13 (Item 13 from file: 5)
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08607243 BIOSIS NO.: 198783086134
EARLY ANTIBODY RESPONSES TO RABIES POST-EXPOSURE VACCINE REGIMENS
AUTHOR: SUNTHARASAMAI P (Reprint); WARRELL M J; WARRELL D A; CHANTHAVANICH P; LOOAREESUWAN S; SUPAPOCHANA A; PHANUPHAK P; JITTAPALAPONGSA S; YAGER P A; BAER G M
AUTHOR ADDRESS: JOHN RADCLIFFE HOSPITAL, HEADINGTON, OXFORD OX3 9DU, ENGLAND, UK**UK
JOURNAL: American Journal of Tropical Medicine and Hygiene 36 (1): p 160-165 1987
ISSN: 0002-9637
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: The aim of post-exposure rabies vaccine treatment is to induce immunity, measured as neutralizing antibody, as fast as possible. This is especially important in the tropical rabies-endemic areas where simultaneous passive prophylaxis with hyperimmune serum is not practicable in the majority of cases. We compared the rate of production of antibody during the first two weeks, by six vaccine regimens in 118 subjects using two tissue culture vaccines, human diploid cell strain vaccine (HDCSV) and purified Vero cell rabies vaccine (PVRV). No antibody was detected on day 5. On day 7, the highest seroconversion rate was seen in subjects given HDCSV intramuscularly at two sites on days 0 and 3 (7 of 15), but this was not significantly different from the group with the lowest rate: the conventional single-site intramuscular regimen. All subjects had antibody by day 14, at which time the highest geometric mean titer was in the group vaccinated with 0.25 ml ***doses*** of diploid cell ***vaccine*** given subcutaneously at eight sites. This regimen, ***together*** with the standard single-site diploid cell vaccine and an eight-site intradermal regimen of the same product gave significantly higher titers than the two-site intramuscular regimens of either product. No single immunization schedule emerges as best, so the speed of antibody response, economy, and the skill needed for interdermal injection should be considered when deciding on the optimum regimen for use in a particular geographic area.

22/7/14 (Item 14 from file: 5)
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08236569 BIOSIS NO.: 198682082956
SENSITIZATION STUDIES WITH POTENTIAL LEPROSY VACCINE PREPARATIONS IN
NORTHERN MALAWI
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JOURNAL: International Journal of Leprosy and Other Mycobacterial Diseases
54 (1): p25-37 1986
ISSN: 0148-916X
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: This paper describes a comparison between BCG alone and two different doses of killed Mycobacterium leprae, with or without BCG, in stimulating skin-test sensitivity to two ***different*** soluble antigens prepared from M. leprae. Skin test conversion was assessed three months after ***vaccination***. Significant rates of skin test conversion were stimulated by each of the vaccines to both skin test antigens, but the observed conversion rates differed markedly as measured by the ***two*** antigens. All of the vaccines caused ulcers at the site of injection in most subjects, and these local reactions are described. A ***combined*** ***vaccine*** containing 0.03 mg BCG plus 5 + 107 killed M. leprae induced high rates of "conversion" to both skin tests but caused local reactions slightly larger than those caused by BCG alone. The implications of these findings for selection of an optimal vaccine formulation for use in large-scale preventive trials are discussed.

22/7/15 (Item 15 from file: 5)
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07649087 BIOSIS NO.: 198579067986
HUMAN OPSONINS TO MENINGOCOCCI AFTER VACCINATION
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NORWAY
JOURNAL: Infection and Immunity 46 (3): p673-676 1984
ISSN: 0019-9567
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Two groups of volunteers were immunized with either a serogroup A plus C meningococcal polysaccharide vaccine or a combined serogroup B polysaccharide-serotype 2 protein ***vaccine***. Serum opsonin responses were measured by chemiluminescence of polymorphonuclear leukocytes exposed to opsonized live meningococci. Two of the 6 volunteers immunized with the A plus C vaccine had an increase in serum opsonins to group A meningococci, 4 responded to group C meningococci and none to group B meningococci. Five other volunteers who were immunized with the combined group B polysaccharide-serotype 2 protein vaccine responded with an increase in serum opsonins to group B meningococci of 2 different protein serotypes, as well as to a group C-serotype 2 meningococcal strain. Although no booster effect was observed after a 2nd ***dose*** of the combined vaccine, both the polysaccharide and the protein components appear to be able to stimulate an opsonin response.

22/7/16 (Item 16 from file: 5)
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07200102 BIOSIS NO.: 198477032013

THE QUANTITATIVE DETERMINATION OF THE PAW SWELLING ACTIVITY OF PERTUSSIS
VACCINE WITH SPECIAL REFERENCE TO ITS RESPONSIBLE TOXIC COMPONENTS

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JOURNAL: Japanese Journal of Medical Science and Biology 36 (3): p157-170
1983

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RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: A method was developed for quantitative determination of the early-appearing mouse paw swelling activity of pertussis vaccine. Mice were inoculated with the vaccine into the left hind paws. The difference in the thicknesses between the inoculated and the uninoculated paws was taken as the swelling response 16 h after inoculation. It was transformed into a logarithmic scale as a response metameter. A linear log ***dose***-log response regression line was obtained over a relatively wide range of ***doses*** of the ***vaccine***. No deviation from parallelism was significant among the regression lines of different vaccines tested. The swelling activities relative to that of a reference vaccine of diphtheria-pertussis-tetanus combined ***vaccines*** recently produced in Japan were determined. The relative activities ranged from 0.6-2.5, being twice the mean width of the 95% confidence interval of the relative activity. The activity significantly correlated with endotoxin and histamine-sensitizing factor (HSF), but not with lymphocytosis-promoting factor. The ***multiple*** regression analysis of this relationship suggested that the swelling activity is accounted for by the ***combined*** action of endotoxin and HSF. A model experiment with a mixture of the 2 toxins supported this conclusion.

22/7/17 (Item 17 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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06542744 BIOSIS NO.: 198273046671

THE ADEQUATE COMPOSITION OF DIPHTHERIA AND TETANUS TOXOIDS WITH REFERENCE
TO THE AMOUNTS OF TOXOIDS AND ALUMINUM ADJUVANT

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JOURNAL: Japanese Journal of Medical Science and Biology 34 (1): p21-36
1981

ISSN: 0021-5112

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: ENGLISH

ABSTRACT: Immune response of man to tetanus and diphtheria-tetanus combined toxoids with different compositions was investigated, with special reference to the long-term immunity. Adsorbed tetanus toxoid with a potency of about 25 IU/human dose endowed a long-lasting immunity sufficient to prevent tetanus to the vaccines

of various age groups, when administered in 2 doses, followed by a booster injection. ***Two*** ***doses*** of adsorbed diphtheria-tetanus combined toxoid with potencies of about 20 IU/dose for both components were sufficient to give immunity in infants against diphtheria and tetanus. However, a booster injection should be given within 1 yr to endow a long-lasting immunity. In the case of booster immunization of children with a complete history of immunization against diphtheria and tetanus, a potent long-term immunity was endowed by a single injection of diphtheria-tetanus combined toxoid (plain) with 1 and 3.5 IU/ ***dose*** , for diphtheria and tetanus components, respectively.

22/7/18 (Item 18 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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05416087 BIOSIS NO.: 197866002571
INFECTIOUS CORYZA PREVENTING COMPLICATED CORYZA WITH HAEMOPHILUS-GALLINARUM AND MYCOPLASMA-GALLISEPTICUM BACTERINS
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JOURNAL: Avian Diseases 22 (1): p140-150 1978
ISSN: 0005-2086
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: ENGLISH

ABSTRACT: Three types of infectious coryza were produced in unvaccinated chickens by challenge inoculums containing different ***combinations*** of H. gallinarum (HG) and M. gallisepticum (MG). Monovalent and combination bacterins of HG and MG were tested to determine their efficacy against chronic complicated infectious coryza. Challenge exposure of vaccinates with MG and HG showed protection against the HG component to be immunotype-specific. Some protection against complicated coryza resulted from HG bacterins only, whereas MG bacterin was ineffective. Protection against transient and chronic coryza was provided by a ***combination*** MG-HG bacterin. ***Two*** ***doses*** of this bacterin gave better protection against upper respiratory clinical signs and lowered the incidence of airsacculitis.

22/7/19 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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0075027559 EMBASE/Medline No: 1992179232
The epidemiology and prevention of disease caused by Haemophilus influenzae type b
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Epidemiologic Reviews (EPIDEMIOL. REV.) (United States) December 1, 1991, 13/- (113-142)
CODEN: EPIRD ISSN: 0193-936X
DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

Disease caused by H. influenzae type b is a world-wide problem of major proportions that affects both developed and developing countries. Young children are at particularly high risk of developing serious invasive infections. There has been tremendous recent progress in the development of ***vaccines*** that are immunogenic even in young infants. Clinical trials have demonstrated the efficacy of these polysaccharide-protein conjugate ***vaccines*** in infants. ***Two*** of these ***vaccines*** have been licensed in the United States for use in infants, and licensure of a third conjugate ***vaccine*** is expected soon. Many questions still remain to be answered. Are there significant differences in the efficacy for infants of the different licensed conjugate vaccines? Are the differences in the recommended schedules of immunization for the different vaccines justified? Would a combination of an initial dose of PRP-OMP (which is the most immunogenic vaccine in 2-month-old children) followed by subsequent doses of HbOC or PRP-T provide better overall protection than a schedule that uses only a single vaccine? Although much more research remains to be done, these vaccines, which have been recommended for routine universal immunization of infants in the United States, give us the capability of effectively preventing this potentially devastating infection of children.

22/7/20 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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0074369750 EMBASE/Medline No: 1990269291
Local and systemic antibody response in infants after oral administration of inactivated enteropathogenic E. coli serotype O111 and O55
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Folia Microbiologica (FOLIA MICROBIOL.) (cs) October 3, 1990, 35/2
(155-162)
CODEN: FOMIA ISSN: 0015-5632
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
LANGUAGE: English SUMMARY LANGUAGE: English

In ten infants divided into two groups (up to one month of age and at 2-7 months of age) the dynamics and formation of different antibody isotypes produced locally in the intestine and in serum after orally administered inactivated enteropathogenic E. coli strains O111 and O55 was followed during 30 d after the first and booster dose by using an indirect immunofluorescence method. Infants up to one month of age produced antibodies of IgM isotype in stool together with the IgA isotype after the first and booster dose of the vaccine against both antigens. Serum IgG antibody increased after 2 d following the first and second ***dose*** of antigens and remained higher during 5 d. The infants aged 2-7 months expressed predominantly the IgA isotype response in stool after the first and booster ***dose*** of antigens. The serum immunoglobulin levels did not change after oral antigen administration.

22/7/21 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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0072801464 EMBASE/Medline No: 1985206880

Evaluation of two tetravalent (ACYW SUB 135) meningococcal vaccines in infants and small children: A clinical study comparing immunogenicity of O-acetyl-negative and O-acetyl-positive group C polysaccharides

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Pediatrics (PEDIATRICS) (United States) October 31, 1985, 76/1 (91-96)

CODEN: PEDIA ISSN: 0031-4005

DOCUMENT TYPE: Journal RECORD TYPE: Abstract

LANGUAGE: English

Two different tetravalent polysaccharide vaccines against group A, C, Y, and W SUB 135 meningococci were given to 118 infants aged 6 to 23 months; the same vaccines were administered in a second dose 12 months later to those infants aged 6 to 11 months at first

vaccination. Forty of the infants received ***vaccine*** containing the nonacetylated group C polysaccharide C(OAc SUP -) and 78 the acetylated group C polysaccharide C(OAc SUP +) together with group A, Y, and W SUB 135 polysaccharides. All polysaccharides, at a ***dose*** of 30 mug, induced antibody responses after administration of both vaccines in all age groups although the responses were better in the older infants. Acetylation of the sialic acid of group C polysaccharide did not significantly influence the response. Rapid decreases in the antibody titers after the first vaccination stressed the need for one or more revaccinations. Vaccination elicited mild local and systemic reactions. Elevated temperatures were more common in the youngest infants but only four developed fever exceeding 38.5(deg)C (101.3(deg)F). We conclude that tetravalent (ACYW SUB 135) meningococcal vaccine is safe and immunologically effective in children younger than age 2 years. However, revaccinations may be required to maintain immunity.

22/7/22 (Item 4 from file: 73)

DIALOG(R)File 73:EMBASE

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0072638973 EMBASE/Medline No: 1984169388

Gut mucosal, salivary and serum antitoxic and antibacterial antibody responses in Swedes after oral immunization with B subunit-whole cell cholera vaccine

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International Archives of Allergy and Applied Immunology (INT. ARCH.

ALLERGY APPL. IMMUNOL.) (Switzerland) September 20, 1984, 75/1 (38-43)

CODEN: IAAAA ISSN: 0020-5915

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English

Gut mucosal, salivary and serum antibody responses to a new oral cholera vaccine, consisting of B subunit and whole cell vaccine (WCV), were studied in Swedish volunteers. A single immunization with a 0.5 mg dose of B subunit together with WCV (5 x 10 SUP 10 killed cholera vibrios) induced a local intestinal immunoglobulin A (IgA) antitoxin response in 4/6 (67%) vaccine recipients as evident from specific antibody titre rises in intestinal lavage fluid. A second

administration of vaccine did not further enhance the intestinal immune response beyond the peak level induced by the initial immunization.

Different ***doses*** of B subunit (2.5 and 0.5 mg) given together with 5 x 10 SUP 10 killed vibrios (WCV) induced antitoxin antibody responses in serum in about the same frequency, 10/13 (77%) responders versus 13/14 (93%), as well as in saliva, 7/13 (54%) versus 9/14 (64%), and a single immunization was almost as efficient as two

vaccine administrations. Single or repeated oral ***vaccination*** only irregularly resulted in modest antibacterial titre rises in serum (9/27 = 33%) or saliva (12/27 = 44%), but stimulated a significant mucosal antibacterial response in intestine of 5/6 (83%) examined volunteers.

22/7/23 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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0071882234 EMBASE/Medline No: 1981136855

BCG preparations, cultured homogeneously dispersed or as a surface pellicle, elicit different immunopotentiating effects but have similar antitumor activity in a murine fibrosarcoma

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Cancer Immunology, Immunotherapy (CANCER IMMUNOL. IMMUNOTHER.) (Germany)
July 13, 1981, 11/1 (45-51)

CODEN: CIIMD ISSN: 0340-7004

DOCUMENT TYPE: Journal RECORD TYPE: Abstract

LANGUAGE: English

Four preparations of Bacillus Calmette-Guerin (BCG), cultured either homogeneously dispersed or as a surface pellicle, were compared with reference to their immunomodulating capacities and antitumor effects. The BCG preparations included two vaccines that originated from the same seed strain, but one had subsequently been produced in each way. The immunological assays included in vivo stimulation of lymph nodes in a mouse model, in vitro stimulation of murine spleen lymphocytes, and in vivo stimulation of macrophages in a Listeria monocytogenes clearance model in the mouse. The antitumor effect was determined in a non-immunogenic, non-metastasizing murine fibrosarcoma. The results indicated that vaccines produced as a homogeneous culture in general induced a higher lymphocyte stimulation both in vivo and in vitro. In the Listeria clearance model a markedly enhanced clearance was established with three of the four preparations, the phenomenon being related to the number of culturable particles administered. This difference was not attributed to the production method, but to other factors, including the actual composition of the ***vaccine***. The results found in the immunological assays were not connected to the observed antitumor activities, as for each preparation a combination of route, dose, and time interval for tumor regression, was found. Prophylactic administration of BCG had no effect at all; enhancement was observed after intratumoral administration of the ***two*** preparations prepared as surface pellicles. It is concluded that a protocol for the quality control of bacterial vaccines used for cancer immunotherapy should include both immunological assays and a range of ***different*** animal tumor models.

22/7/24 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE

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0071795672 EMBASE/Medline No: 1981242082

Abscesses complicating DTP vaccination

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American Journal of Diseases of Children (AM. J. DIS. CHILD.) (United States) December 6, 1981, 135/9 (826-828)

CODEN: AJDCA ISSN: 0002-922X

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English

Reports of abscesses after the use of diphtheria and tetanus toxoids and pertussis vaccine (DTP vaccine) from two different lots (Number 1 and 2) of a single manufacturer (manufacturer A) prompted an investigation into the rates of abscess formation following the use of DTP

vaccine from several ***different*** manufacturers. A total of 74 abscesses for lot 1, 16 for lot 2, and three for other DTP products was uncovered. The overall rate after lots 1 and 2 was 1.1 per 1,000

doses administered compared with 0.01 per 1,000 ***doses*** for DTP

vaccine from other manufacturers ($P < .0001$). Faulty technique, site and route of inoculation, microbiologic contamination, and hypersensitivity were ruled out as likely explanations for the increase in abscesses among recipients of DTP ***vaccine*** from manufacturer A. Use of a single needle to withdraw vaccine from the vial and to inoculate the vaccinees, combined with high aluminum adjuvant content in the implicated vaccine, may have led to an increased rate of abscess formation.

22/7/25 (Item 7 from file: 73)

DIALOG(R)File 73:EMBASE

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0071560917 EMBASE/Medline No: 1980192826

Treatment of cancer using Corynebacterium parvum: Similarity of two preparations in four animal tumor models

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Cancer (CANCER) (United States) October 10, 1980, 46/4 (685-691)

CODEN: CANCA ISSN: 0008-543X

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English

The tumor inhibitory properties of Corynebacterium parvum obtained from Burroughs Wellcome (CP-BW) or from Institut Merieux (CP-IM) were compared in four animal tumor models: the CaD2 mouse mammary carcinoma treated by intravenous (I.V.) or intratumoral (I.T.) injection of C. parvum; 13762A rat mammary adenocarcinoma treated by I.T. injection of C. parvum either alone or combined with excision of the primary tumor; LSTRA murine leukemia and line 10 cavian hepatoma, each treated with vaccines containing irradiated tumor cells and C. parvum. Both preparations were active against each tumor. In most comparisons the potency of the ***two*** materials was not different, but in a few cases the CP-BW was

effective at a lower ***dose*** than was the CP-IM. These results demonstrate the versatility of *C. parvum* for use in a variety of immunotherapy procedures and show that the potencies of the two major types of *C. parvum* are very similar.

22/7/26 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE
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0070079324 EMBASE/Medline No: 1974079405
Studies on the prophylactic effects and untoward reactions of pertussis diphtheria tetanus combined vaccine. VI: Report of field trial, 1966-67
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BULL.INST.PUBL.HLTH December 1, 1972, 21/2 (68-76)
CODEN: BINHA
DOCUMENT TYPE: Journal RECORD TYPE: Abstract
LANGUAGE: English

The Research Committee on Pertussis and Combined Vaccines carried out a field study in 1966-67, using two doses of DPT vaccine, which contained equal amount of toxoids but different bacterial concentrations: 10 and 15 billion/ml, respectively. Six institutions participated in the trial. Every infant was inoculated 3 times subcutaneously with 1 ml each of either lot at 4 week intervals. After 4 weeks of the third inoculation, the ***vaccines*** were bled and serum antibody titers were measured. The results were satisfactory with regard to each component on vaccine by each of two lots tested. As untoward reactions, rectal body temperature was recorded after 6, 12, 24 and 48 hours, and local reddening, swelling and pyrexia feeling were observed after 24 and 48 hours of each inoculation. The increase of body temperature reached a maximum after 12 hours of each inoculation, the degree being lower after the third inoculation. The body temperature increase was significantly higher by a vaccine containing higher concentration of pertussis cells than by one containing a lower concentration. The local reactions were almost the same for each of two lots. Pyrexia feeling disappeared more rapidly than reddening and swelling.

22/7/27 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
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0065865255 EMBASE/Medline No: 3925430
Evaluation of two tetravalent (ACYW135) meningococcal vaccines in infants and small children: a clinical study comparing immunogenicity of O-acetyl-negative and O-acetyl-positive group C polysaccharides.
Peltola H.; Safary A.; Kayhty H.; Karanko V.; Andre F.E.
CORRESP. AUTHOR/AFFIL: Peltola H.

Pediatrics (Pediatrics) (United States) July 1, 1985, 76/1 (91-96)
ISSN: 0031-4005
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract
FILE SEGMENT: Medline
LANGUAGE: English

Two different tetravalent polysaccharide vaccines against group A, C, Y, and W135 meningococci were given to 118 infants aged

6 to 23 months; the same vaccines were administered in a second dose 12 months later to those infants aged 6 to 11 months at first ***vaccination***. Forty of the infants received ***vaccine*** containing the nonacetylated group C polysaccharide C(OAc-) and 78 the acetylated group C polysaccharide C(OAc+) together with group A, Y, and W135 polysaccharides. All polysaccharides, at a ***dose*** of 30 micrograms, induced antibody responses after administration of both vaccines in all age groups although the responses were better in the older infants. Acetylation of the sialic acid of the group C polysaccharide did not significantly influence the response. Rapid decreases in the antibody titers after the first vaccination stressed the need for one or more revaccinations. Vaccination elicited mild local and systemic reactions. Elevated temperatures were more common in the youngest infants but only four developed fever exceeding 38.5 degrees C (101.3 degrees F). We conclude that tetravalent (ACYW135) meningococcal vaccine is safe and immunologically effective in children younger than age 2 years. However, revaccinations may be required to maintain immunity.

22/7/28 (Item 1 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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06647098 PMID: 7265558

Studies on the adequate composition of diphtheria and tetanus toxoids with reference to the amounts of toxoids and aluminum adjuvant.

Someya S; Mizuhara H; Murata R; Kurokawa M

Japanese journal of medical science & biology (JAPAN) Feb 1981,

34 (1) p21-35, ISSN 0021-5112--Print 0021-5112--Linking Journal Code: 0243706

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Immune response of man to tetanus and diphtheria-tetanus combined toxoids with different compositions was investigated, with special reference to the long-term immunity. Adsorbed tetanus toxoid with a potency of about 25 IU per human dose endowed a long-lasting immunity sufficient to prevent tetanus to the vaccines of various age groups, when administered in two doses, followed by a booster injection. ***Two*** ***doses*** of adsorbed diphtheria-tetanus combined toxoid with potencies of about 20 IU per dose for both components were sufficient to give immunity in infants against diphtheria and tetanus. However, a booster injection should be given within a year to endow a long-lasting immunity. In the case of booster immunization of children with a complete history of immunization against diphtheria and tetanus, a potent long-term immunity was endowed by a single injection of diphtheria-tetanus combined toxoid (plain) with 1 and 3.5 IU per dose, for diphtheria and tetanus components, respectively.

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